



# FLU Formulario de Consentimiento

\*\*\* PCHD estará ofreciendo la inyección tetravalente contra la gripe. \*\*\*

## Información del paciente

Primer nombre:												MI		Apellido nombre:											
Fecha de nacimiento:						Años:		Genero:		Nombre de escuela:						Grado:									
M M / D D / Y Y Y Y								Male / Female																	
Paciente Carrera:		Blanco		Afroamericanos		Amer. Indian/ Native American		Hispanic		Alaskan Nativo		Asiático		Otro:											
Dirección:												Ciudad:													
Celular o Contacto de emergencia Número:																									
																Estado:		Código postal:							

## Los padres o Guardian Informacion

Primer nombre:												Apellido nombre:												Relación:					

## Informacion de seguro requerida (Debe marcar la casilla apropiada)

NON- PRIVATE			Seguro insuficiente: * cobertura de seguro, pero no cubre la vacuna * seguro sólo cubre seleccione vacunas * seguro de tapas cobertura de la vacuna	PRIVATE SEGURO						
SIN SEGURO	Medicaid: Amerigroup Cooks	AETNA- Medicaid		Aetna	BCBS	CIGNA	Humana	Medicare	Tri- Care	UHC

Los titulares de tarjetas Nombre:												Los titulares de tarjetas Apellido:												Los titulares de tarjetas fecha de nacimiento:					
																								M M / D D / Y Y Y Y					

ID de miembro:(please include prefix, if any)												Número de grupo:					

## Salud y vacunacion, en cuestiones relacionadas

1	Está la persona que recibirá la vacuna enfermo hoy??	Sí	NO
2	Este paciente ha tenido una vida severa o reacción alérgica grave a la vacuna contra la gripe??	Sí	NO
3	Este paciente tiene una alergia a los huevos oa algún componente de la vacuna?	Sí	NO
4	Este paciente ha tenido el síndrome de Guillain-Barré?	Sí	NO
5	Este paciente embarazada o amamantando? ** Si está embarazada, se requiere una nota de su médico para recibir la vacuna contra la gripe.	Sí	NO

## Autorización para la administración de la vacuna contra la Influenza

Estoy proporcionando este formulario de consentimiento a Parker County Hospital District, a fin de que se le pueda dar la vacunación contra la influenza. He leído y comprendido la información que he recibido en relación con los posibles beneficios y efectos secundarios de las vacunas contra la influenza. Por la presente reconozco que en base a la información presentada a mí, yo soy elegible para recibir la vacuna contra la influenza en esta fecha. Me siento bien hoy y yo hace poco no he tenido fiebre. Yo entiendo que no se puede asegurar que la vacunación contra la gripe me dará la inmunidad de contraer cualquier tipo de influenza. Por la presente reconozco que he recibido una copia de la hoja de información sobre la vacuna de la vacuna contra la influenza 2016-2017. Libero Parker County Hospital District, sus empleados, representantes y agentes de toda responsabilidad por darme la vacunación contra la influenza. Acepto la responsabilidad de buscar atención médica para cualquier problema relacionado con mi recibir la vacuna. He tenido la oportunidad de tener todas mis preguntas contestadas. Yo entiendo que este consentimiento es válido por 6 meses y haré PCHD / escuela tanto de cualquier cambio antes de ser vacunados. Autorizo a PCHD proporcionar documentación de vacunación hoy Escuela de mi hijo.

<b>Signature del paciente / padre o tutor</b>												Date					
Staff Signature _____												Date _____					

### FOR ADMINISTRATIVE USE ONLY

Clinic Location:	Date:	/	/	
Vaccine Lot:	Exp. Date:	/	/	
Administered by:	Location:	RA	LA	0.5ml
VIS IIV 8-07-2015				

Parker County Hospital District Outreach Program  
 1130 Pecan Street  
 Weatherford, Texas 76086  
 817-458-3254 www.parkercountyhd.org

## VACCINE INFORMATION STATEMENT

### Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.imzimmize.org/vis](http://www.imzimmize.org/vis)  
Hojas de información sobre vacunas están disponibles en español y otros idiomas. Visite [www.imzimmize.org/vis](http://www.imzimmize.org/vis)

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

- Flu vaccine cannot prevent:
  - flu that is caused by a virus not covered by the vaccine, or
  - illnesses that look like flu but are not.
- It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

### 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS).** Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

### 2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

### 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:

- soreness, redness, or swelling where the shot was given
  - hoarseness
  - sore, red or itchy eyes
  - cough
  - fever
  - aches
  - headache
  - itching
  - fatigue
- If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTap vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
  - Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
  - Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.
- As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

### 5 What if there is a serious reaction?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

### 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

### Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26



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U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention