



FLU CONSENT FORM

*****PCHD will be offering the Quadrivalent Flu injection.*****

PATIENT INFORMATION

First Name:										MI	Last Name:											
Date of Birth:										Age:	Gender:	Name of School:										Grade:
M	M	/	D	D	/	Y	Y	Y	Y		Male / Female											
Patient Race:		White	African American	Amer. Indian/ Native American	Hispanic	Alaskan Native	Asian	Other:														
Address:										City:												
Cell/Emergency Contact Phone #: () -										State: Zip Code:												

CONTACT INFORMATION & PARENT/GUARDIAN INFORMATION

First Name:										Last Name:										Relationship:									
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REQUIRED INSURANCE INFORMATION (MUST check an appropriate box)

NON-PRIVATE			Underinsured: * insurance coverage but does not cover vaccines * insurance only covers select vaccines * insurance caps vaccine coverage	PRIVATE INSURANCE						
NO INSURANCE	Medicaid: Amerigroup Cooks	AETNA-Medicaid		Aetna	BCBS	CIGNA	Humana	Medicare	Tri-Care	UHC

Cardholder's First Name:										Cardholder's Last Name:										Cardholder's Date of Birth:									
																				M	M	/	D	D	/	Y	Y	Y	Y

Contract ID:(please include prefix, if any)										Group #:									
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VACCINATION & HEALTH-RELATED QUESTIONS

1	Is the person to be vaccinated sick today?	YES	NO
2	Has this patient ever had a severe or life threatening allergic reaction to the flu vaccine?	YES	NO
3	Does this patient have an allergy to eggs or to a component of the vaccine?	YES	NO
4	Has this patient ever had Guillain-Barre syndrome?	YES	NO
5	Is this patient pregnant or nursing? ** If you are pregnant a note from your doctor is required to receive the flu vaccine	YES	NO

Authorization for the Administration of the Influenza Vaccine

I am providing this consent form to Parker County Hospital District in order that I may be given the influenza vaccination. I have read and understand the information I have received concerning the possible benefits and side effects of the influenza vaccination. I hereby acknowledge that based on the information presented to me, I am eligible to receive the influenza vaccine on this date. I am feeling well today and I have not recently had fever. I understand that no assurance can be given that the influenza vaccination will give me immunity from contracting any strain of influenza. I hereby acknowledge that I have received a copy of the Vaccine Information Sheet on the 2017-2018 Influenza Vaccine. I release Parker County Hospital District, its employees, representatives and agents from any liability for giving me the influenza vaccination. I accept responsibility for seeking medical attention for any problems associated with my receiving the vaccine. I have had the opportunity to have all my questions answered. I understand that this consent is valid for 6 months and I will make PCHD/school aware of any changes prior to being vaccinated. I authorize PCHD to provide my child's school with documentation of vaccinations given today.

Signature of Patient/ Parent or Guardian	Date
PCHD 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
Hojas de información sobre vacunas están disponibles en español y otros idiomas. Visite 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/

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, 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. 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

Vaccine Information Statement Inactivated Influenza Vaccine

Office Use Only



08/07/2015

42 U.S.C. § 300aa-26



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