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## **Informed Consent - Influenza Immunization**

Influenza, or “the flu”, is caused by many highly contagious viruses and is spread through the air by direct contact. This year’s vaccine consists of A/Brisbane/59/2007 (H1N1)-like virus, A/Brisbane/10/2007 (H3N2)-like virus, and B/Florida/4/2006-like virus strains. A sneeze by an infected person can propel the virus-containing droplets into the air we breathe. Flu spreads rapidly in “closed” populations such as schools, nursing homes, and the workplace, but can occur almost anywhere.

The vaccine can be about 80% effective in preventing the flu. You cannot get influenza from a flu shot as it does not contain a live virus. Protection from the vaccine generally begins about two weeks after immunization and can last 4-6 months.

### **Potential Side Effects**

1. Few people experience redness and tenderness at the injection site for 1-2 days.
2. Less than 10% of those vaccinated can develop flu-like symptoms such as fever, headache, or a mildly upset stomach beginning shortly after the injection and lasting 24-48 hours. Tylenol or Advil can be taken for relief.
3. Allergic reactions are rare and usually occur immediately after the injection. They include hives, swelling of the mouth and throat, low blood pressure, and difficulty breathing.

### **Who should not get the Flu Vaccine**

1. People with an active neurological disorder.
2. People who are allergic to eggs or egg products.
3. People who have had a previous allergic reaction to any vaccine.
4. People with a fever or infection at the time of immunization should wait until their symptoms have abated.
5. People allergic to thimerosal (a preservative found in contact lens solution), gelatin, and formaldehyde.

Influenza vaccine is considered safe for pregnant women at all stages of pregnancy and does not adversely affect the health of breast-feeding mothers or their infants. If you develop a high fever, unexpected side effects or side effects lasting more than 24 hours, report to your doctor.

*“I have read the above and understand the benefits, risks, and possible complications of receiving the flu shot and will not hold Stein Medical clinic or any representative of Stein Medical Clinic who administers the flu shot liable for any adverse reaction that I may suffer.”*

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Employer/Company Name

\_\_\_\_\_  
Name of employee

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Given by/Lot # (for doctor’s use)