



STEIN MEDICAL CLINIC

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- physical exams
- travel vaccines
- sports medicine
- massage therapy
- corporate health
- acupuncture
- dietician
- women's health

Informed Consent For Immunization

1. Seasonal Influenza Vaccine

This year's annual vaccine consists of A/Brisbane/59/2007(H1N1)-like strain, A/Brisbane/10/2007(H3N2)-like strain, and B/Brisbane/60/2008-like strain .

2. H1N1 Vaccine

This A/California/7/2009/(H1N1)-like strain is an adjuvanted, monovalent influenza vaccine. A vaccine adjuvant is an additive that boosts the immune response to the vaccine and provides faster protection. A non-adjuvanted vaccine will be available for pregnant women.

3. Pneumovax 23, Pneumococcal Vaccine

This vaccine is used to help prevent bacterial infections which are a major cause of pneumonia, bacteremia, meningitis and otitis media. The vaccine is effective over 10 years.

Potential Side Effects

1. Some 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/Advil can be taken.
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 these vaccines:

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.

If you develop a high fever, unexpected side effects, or side effects that last more than 24 hours, see a 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."

Company Name	Name of Employee	Birthdate of Employee Day/M/YR

Care Card Number	Signature of Employee	Date	Stein Medical Witness