



UjM \ IIM > MIN \ IKsm
in MH: UU



E 9 9 8 0 5

INFLUENZA (Flu) INACTIVATED VACCINE CONSENT

PLEASE CIRCLE YES or NO for EACH QUESTION:

- YES NO Have you had any severe, life-threatening allergies, or ever had a life threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of the flu vaccine. **Most, but not all, types of flu vaccine contain a small amount of egg protein*
- YES NO Do you have a history of Guillain-Barre' syndrome (GBS) - a severe paralyzing illness
- YES NO Are you feeling ill today - it is generally okay to get the flu vaccine when you have a mild illness, but you might want to wait until you feel better

Before you sign "YES" to any of the questions above, please know that the flu vaccine is safe and effective for you and your family. Please speak with your healthcare provider as to whether to reschedule your vaccination.

The criteria to receive flu vaccine are as follows:

- All people 6 months of age and older
- Persons at higher risk for influenza-related complications and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.
- All other persons who fall within the CDC recommendations and guidelines should receive the influenza (flu) vaccine.

**With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own. Some problems that could happen after any vaccine: severe allergic reaction (very rare) can occur within a few minutes to a few hours after the vaccination. Mild problems that have been reported are: brief fainting or dizzy spells; shoulder pain and decreased range of motion; soreness, redness, or swelling at the injection site; hoarseness; sore, red, or itchy eyes; cough; fever; muscle ache; fatigue; headache; itching. After receiving the vaccine, if you think you are having a severe reaction or other emergency call 911 and get to the nearest hospital/Emergency Department. Otherwise, call your healthcare provider*

I HAVE READ OR HAVE HAD EXPLAINED TO ME THE INFORMATION ON THE VACCINE INFORMATION STATEMENT (VIS) ABOUT THE INFLUENZA (Flu) INACTIVATED VACCINE VIS: 03/07/2015. I HAVE HAD A CHANCE TO ASK QUESTIONS WHICH WERE ANSWERED TO MY SATISFACTION. I BELIEVE I UNDERSTAND THE BENEFITS AND THE RISKS OF THE INFLUENZA VACCINE. I HEREBY AUTHORIZE LOMA LINDA UNIVERSITY HEALTH CARE TO ADMINISTER THE INFLUENZA (Flu) INACTIVATED VACCINE AND AGREE THAT I OR THE PERSON NAMED BELOW FOR WHOM I AM AUTHORIZED TO MAKE THIS REQUEST HAVE MET AT LEAST ONE OF THE ABOVE CRITERIA.

Parent (Authorized Caregiver) Signature: _____

Physician's Signature: _____

Date: 1/7/22

Site: RD ID
Manufacturer: _____

Inactivated Influenza Vaccine

Inactivated High-dose Influenza Vaccine

Lot# _____

Expiration: _____

LOMA LINDA UNIVERSITY HEALTH CARE
Inactivated Influenza Vaccine Consent



NAME: Haynes, Franklin ""

Birth Date: 06/28/63 M 54 y.o.

MEDICAL RE

CSN: 102236722
ENC: 5069909 MRN: 1231308
1/7/22 9:00 AM PST
Ret, 4 mo f/u
PROV: Raymond Y. Wong, MD
FMO GENERAL MEDICINE 3600
REFPRO: Not Specified Provider
REF BY PRO #:
Blue Cross
Blue Cross Ppo

