

INFLUENZA VACCINE

Quad *Diversified Solutions*

CONSENT: I have had the opportunity to review the VIS form. I have read the information on this form and I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and I request the vaccine be given to me. I give consent for Diversified Solutions Inc to provide emergency care in the event of an Adverse Event per MD protocol. **I agree to pay any costs not paid by my insurance for this vaccine.**

DATE: _____			
Patient Name – Please Print Clearly _____		Patient Signature _____	
Mailing Address: _____			
	City	State	Zip
Phone: _____	Date of Birth: _____	Male _____	Female _____

Influenza Virus Vaccine is a IIV₄ quadrivalent vaccine indicated for immunization against the types of flu that have been circulating in the past year and/or thought to be most likely to occur in the United States this flu season. It is not effective against all possible strains of influenza virus. High priority groups for vaccination include those potentially capable of nosocomial transmission of influenza to high risk persons. This includes all medical personnel and volunteers working in healthcare facilities.

WARNING: SOME PEOPLE SHOULD CHECK WITH A DOCTOR BEFORE TAKING INFLUENZA VACCINE:

- Persons who should not be given the flu shot include those with an severe allergy (hives) to eggs that causes dangerous reactions if they eat eggs **unless they receive the Flucelvax which eggs are not used in it's production.**
- Anyone who has ever been paralyzed with Guillain-Barre' Syndrome should seek advice from their doctor about special risks that might exist in their cases.
- Women who are or might be pregnant should consult their doctor and must have written authorization to receive the vaccine.
- Persons who are ill and have a fever should delay vaccination until the fever and other temporary symptoms have gone.
- Persons who have had an allergic response to this product in the past.
- Adverse reaction to mercury and/or thimerosal (e.g. mercury in tooth fillings, or thimerosal in contact lens cleaning solutions.)

POSSIBLE SIDE EFFECTS FROM THE VACCINE:

Most people have had no side effects from recent influenza vaccines. Flu shots are given by injection, usually into a muscle of the upper arm. This may cause soreness for a day or two at the injection site and occasionally may also cause a fever or achiness for one or two days. Unlike the 1976 swine flu vaccine, recent flu shots have not been clearly linked to the paralytic illness Guillain-Bare' Syndrome. As is the case with most drugs or vaccines, there is a possibility that allergic or more serious reactions, or even death, could occur with the flu shot.

REACTIONS:

If anyone receiving influenza vaccine gets sick and visits a doctor, hospital, or clinic in the 4 weeks after vaccination please report this to the Vaccine Adverse Event Reporting System at 1-800-822-7967.

Insurance Name: _____	ID # _____	
Medicare [] or Medicare Alternative []	Group #: _____	
Amt. Paid _____	Ck# _____	Cash _____

Influenza Vaccine .5 cc given IM deltoid. LD RD

<u>Brand</u>	<u>Lot #</u>	<u>Expiration Dates</u>
Flucelvax	308450	exp.6/30/22

Nurse's Signature

Fluarix Lot JL5C3---54C23

Flulaval Lot DB93X