

Please complete sections 1, 2A & 2B below (Screening Questionnaire, Consent and Verification)
 AFTER reading the Vaccine Information Statement, found on the reverse side of this form

SCREENING QUESTIONNAIRE FOR ADULT IMMUNIZATION, INFLUENZA VACCINE:

-The following questions will help determine if it's appropriate for you to receive the Influenza Vaccine today.
 -Answering "Yes" to any question does not necessarily mean you should not be vaccinated, but does mean that additional questions might need to be asked. If any question is not clear, please ask the nurse.

	YES	NO	DON'T KNOW/ NOT SURE
1. Are you sick with a fever today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a severe, life-threatening allergy to: eggs, latex or to any other vaccine(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been diagnosed with Guillain-Barré Syndrome, also known as GBS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant? (Requires use of preservative-free vaccine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you <u>under</u> the age of 18 years old? (Must be 18 or older to consent to vaccination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT:

I have read (or have had read and explained to me) the information contained in this Vaccine Information Statement, found on the reverse side, about the Inactivated Influenza Vaccine, 2019-2020 Formula and any special precautions regarding the vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of this vaccine and request that it be given to me.

VERIFICATION:

Additionally, I understand that if I am receiving this vaccine at a walk-in clinic setting, my immunization records are not available to the staff for review. By completing this consent form, I am verifying, to the best of my knowledge, that I have not previously received the Seasonal Influenza Vaccine, 2019-2020 Formula in any form (nasal spray or injection).

If you do not know or are uncertain, please do NOT complete the remainder of the form. Please discuss your concerns with the nurse.

PRINT NAME: LAST NAME - FIRST NAME - M.I. STUDENT ID # DATE OF BIRTH AGE
 ~OR~ EMPLOYEE

LOCAL ADDRESS CONTACT PHONE #

SIGNATURE TODAY'S DATE

- FOR OFFICE USE ONLY -

SITE OF INJECTION (0.5ml IM):
 (R) Deltoid
 (L) Deltoid

RN SIGNATURE DATE OF ADMINISTRATION

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.imz.unhcr.org/viis

Hay muchas informaciones sobre vacunas en otros idiomas. Visite www.imz.unhcr.org/viis

1 Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.**

It takes about 2 weeks for protection to develop after vaccination.

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. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not** cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.
- Has ever had Guillain-Barré Syndrome (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.

- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/flu

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine



01/15/19

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