

## Injectable Flu Immunization Release

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Flu immunizations will not protect all persons who get the flu. Flu immunizations will not protect against other illnesses that resemble the flu.

Your answers to the following questions will help us know if it is safe for you to receive the flu vaccine today.

- |   |    |     |
|---|----|-----|
| 1. Have you ever had a serious allergic reaction or other problems with the FLU VACCINE?  | NO | YES |
| 2. Are you allergic to eggs, latex, thimerosal (a mercury derivative), gentamicin gelatin or arginine used as a preservative?   | NO | YES |
| 3. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?  | NO | YES |
| 4. Are you feeling sick today or do you have a moderate to high fever?  | NO | YES |
| 5. Have you received any vaccination or skin tests in the past 4 weeks?   | NO | YES |
| 6. Do you have a weak immune system (Example: HIV, cancer, medications such as steroids or those used to treat cancer), or in close contact with a person who needs care in a protected environment (Example: Someone who has recently had a bone marrow transplant)? | NO | YES |
| 7. FEMALES ONLY: Are you pregnant or nursing?   | NO | YES |

Most people have no side effects from the flu vaccine. If mild or moderate problems occur, they can last up to 1-2 days. These may include the following for the injectable vaccine:

Soreness, redness or swelling where the shot was given.

Fever, tiredness or achiness. May begin 6-12 hours after the vaccination.

Immediate allergic reaction causing difficulty breathing.

Having read the above information, I voluntarily consent to receive the influenza immunization. I release Pawnee County Rural Health Clinic from all responsibilities for reactions that may occur and I will take the responsibility to seek medical attention should more severe symptoms occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_