



THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

2011 – 2012 Influenza Vaccine Consent Form

Patient Label

Print Name

Date of Birth

I voluntarily and of my own free will, give consent to The University of Toledo medical staff to administer an influenza vaccination to me. I understand that this vaccine contains weakened influenza virus of A/Brisbane/59/2007(H1N1), A/Brisbane/10/2007(H3N2) and influenza B. The influenza vaccine is generally well tolerated. Because the vaccine contains only non-infectious viruses, **it cannot cause influenza**. The possible risks related to this vaccine include, but are not limited to: **Most Common**-local reaction at the injection site for up to two days; **Less Common**-allergic reactions (hives, difficulty breathing and death), neurological disorders (headache, paralysis or weakness). These are rare but possible.

Please answer the following questions by checking the correct answer.

- | | | |
|---|------------------------------|-----------------------------|
| 1. I am not feeling well today. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I am allergic to eggs. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I have had a severe reaction to a vaccine in the past. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I have a history of Guillain-Barre Syndrome (GBS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I have severe (life-threatening) allergies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Chronic diseases or allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES, please clarify: _____

I understand that The University of Toledo Medical Center staff and nursing students are giving the vaccinations. I understand that the vaccine may be given at a non-clinical site. I have read the above information concerning the vaccine. I have had the opportunity to ask questions regarding the vaccination and understand the benefits and risks of the vaccination. I further understand that The University of Toledo Medical Center will not be responsible for any adverse reactions to the vaccine. I hereby consent to receiving the influenza vaccination

Signature

Date

Time

Department (please print)

Job Title (please print)

For Clinic Use Only

Manufacturer: FLUZONE Adult
 Sanofi Pasteur FLUZONE Peds
 Expiration date: FLUZONE High Dose
 6/30/2012 FLUZONE Preservative Free
 FLUMIST
 FLUVIRIN

Dose: 0.5 mL / 0.1 mL per nostril
 Rout of Administration: IM Intranasal
 Site: (please check one) L Deltoid R Deltoid
 Nares Other
 Vaccination Information Statement (07/26/11) Given Yes No

Administrator Signature

Date

Time

Print Name

Title