

MUST BRING COMPLETED FORM WITH YOU TO APPOINTMENT

PLEASE PRINT – NAME MUST MATCH ID/INSURANCE

Legal Name: _____ LSUHSC Email: _____

Date of Birth: _____ Cell phone: _____

INFORMED CONSENT: INFLUENZA (FLU) VACCINATION 2022/2023

Before agreeing to receive the flu vaccine, please:

- Take time to answer the following questions.
- Take time to read and retain the current CDC INFLUENZA (FLU) VIS (Vaccine Information Statement) provided to you.
- If you have any questions, talk to your doctor or the person administering your shot. The information you provide is private and confidential and will not be used for any other purpose.
- If you have any major medical conditions, please first discuss and obtain advice from your treating doctor.

	YES	NO
1 Are you sick today with a moderate to severe illness (e.g. fever)	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you ever had a series reaction to any vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you pregnant or planning to be pregnant within the next 28 days?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever had a serious reaction to eggs or egg products?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you been treated with gamma globulin or IV immune globulin in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you been diagnosed with Guillain-Barre Syndrome in the past?	<input type="checkbox"/>	<input type="checkbox"/>

Risks that may be associated with your flu shot:

- The flu vaccine is generally well-tolerated. Like all medicines, vaccines may have side-effects. Some redness, soreness or swelling is common at the injection site, but this usually settles within a few days. An allergic reaction can also occur after you leave. If severe seek emergency care immediately.
- Some people have a slight fever, muscle aches, headache, and may feel a bit unwell for a few days after vaccination. These 'flu-like' symptoms do not mean you have the flu.
- Guillain-Barre Syndrome is rarely associated with influenza vaccination (1 in 2 million), although a direct relationship has not been established.

I have read and understand the information above and on the 8/6/2021 VIS from the CDC and any questions that I may have had have been answered. I give consent to LSU Healthcare Network to vaccinate me for the influenza (flu) virus.

SIGNATURE (recipient) _____ DATE _____

FOR OFFICE USE ONLY

FLU VACCINE MANUFACTURER _____ LOT NUMBER _____ EXP DATE _____

Did patient receive counseling? (circle) YES NO SITE OF INJECTION – ARM (deltoid) (circle) Left OR Right

VACCINE ADMINISTRATOR NAME _____ ADMINISTRATION DATE _____