

Student and Employee Health Services
1513 E Cleveland Ave. Bldg 500-B
East Point, Georgia 30344

INFLUENZA VACCINE AUTHORIZATION FORM

Employee Student Volunteer OTHER _____

You will be receiving Influenza Virus Vaccine (Fluzone). Influenza Virus is propagated in eggs. Therefore before taking the vaccine, you should discuss with your provider if you have a history of hypersensitivity (allergy) to eggs or egg products.

POSSIBLE SIDE EFFECTS FROM THE VACCINE: Because Influenza vaccine contains only noninfectious viruses, it cannot cause influenza. Respiratory disease after vaccination is coincidental and is not related to the influenza vaccination. The most frequent side effect is soreness at the vaccination site that last up to two (2) days. These local reactions generally are mild and rarely interfere with ability to conduct usual daily activities.

_____ I have been informed and understand the Vaccine Information Statement.

_____ I know the benefits and risk of the vaccine.

_____ I have had a chance to ask questions about the disease, the vaccine and how it is given.

_____ I am NOT allergic to eggs or egg products.

Print Patient's Name

Date of Birth

Medical Record Number

Patient's Signature

Date _____ **Time** _____. The above information and questions were reviewed with the patient. DOSE: 0.5 ml Lot# Manufacturer _____.

Expiration Date _____ **MODE:** Given IM ____ R ____ L Deltoid per Standing Order.

Signature/ Title of Healthcare Provider

Healthcare Provider Name (Print)

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INFLUENZA VACCINE DECLINATION

THE FLU - Influenza (flu) is a respiratory infection caused by a virus. Symptoms may include fever, chills, headaches, dry cough and muscle aches. Illness may last several days to a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes, heart, lung, or kidney diseases, flu may be especially serious. For the healthcare worker, immunization may help prevent transmission to patients.

THE VACCINE – An injection of flu vaccine will not give you the flu because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration and the Public Health Services.

RISK AND POSSIBLE SIDE EFFECTS – Side effects of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches or muscular aches. These symptoms may last up to forty-eight hours.

SPECIAL PRECAUTIONS –Pregnant women should consult with their personal physicians before receiving this vaccine.

Persons who are allergic to eggs, chicken, chicken feathers or chicken dander should not receive this vaccine until they have consulted their personal physicians. Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past fourteen days should see their personal physicians before receiving this vaccine.

I acknowledge that I have read and been provided the Influenza Vaccine Information and I understand the benefits and risks of the Influenza Vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand that I may be at risk of acquiring Influenza. I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the Influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza. In the future, if I want to be vaccinated, I can receive the vaccination at no charge to me.

Student/Employee Print: _____ Date: _____

Student/Employee Signature: _____

Healthcare Provider Signature Date: _____