

Flu Vaccine Consent Form

Location Name:		Clinic Date:	
First Name:		Last Name	
Gender : Male ☐ Female ☐		Date of Birth:	Age:
Address:		Home Phone #	Cell Phone #
City	State	Zip Code	Relationship to Policy Holder:
Email Address:			
I consent and authorize HealthTexas Medical Group of San Antonio to release all information contained in my financial and medical records to my insurance company or health plan, or any other person or entity that is responsible for paying or processing for payment any portion of my bill. I understand that I am totally responsible for payment of all fees and services rendered, regardless of insurance coverage or other responsibilities and ultimately responsible for payment in full if my insurance company does not pay in a timely manner. I also understand that my prescription history from nonHTMG providers and pharmacies will be available to HTMG. I permit a copy of this authorization to be used in place of the original.			
Insurance Company:		Effective Date:	
Policy Holders First Name:		Policy Holder's Last Name:	
Member ID:		Group #:	
CHECK YES OR NO FOR EACH QUESTION			
1. Has the person to be vaccinated ever had a severe or life threatening reaction to the flu vaccine?			Yes ☐ No ☐
2. Has the person to be vaccinated ever had Guillain-Barre Syndrome?			Yes ☐ No ☐
3. Does the patient have an allergy to eggs? **Vaccine has egg products			Yes ☐ No ☐
4. Does the patient have an allergy to any component of the vaccine?			Yes ☐ No ☐
5. Does the patient to be vaccinated have any of the following symptoms related to Covid-19:			
Cough, sore throat, shortness of breath, loss of taste/smell, difficulty breathing, diarrhea, muscle pain, headache, feeling feverish or a measured temperature greater than or equal to 100F. Repeated shaking with chills and known close contact with a person who is lab confirmed to have Covid-19.			Yes ☐ No ☐
If you answered yes to any of the above questions we will be unable to administer the flu vaccine during the flu clinic I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at www.imunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I hereby acknowledge that based on the information presented to me, I/my dependent is eligible to receive the influenza vaccine on this date. I request and voluntarily consent for the vaccine to be given to the individual listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I understand that no assurance can be given that the influenza vaccination will give immunity from contracting any strain of influenza. The individual is well today and he/she has not recently had a fever. I accept responsibility for seeking medical attention for any problems associated with receiving the vaccine. I hereby release HealthTexas representatives and agents from any liability for giving the influenza vaccination. I understand this consent is valid for 6 months.			
Printed Name of Patient/Guardian		Signature of Patient/Guardian	Date
AREA FOR OFFICIAL ADMINISTRATION USE ONLY VIS CDC IV 08/6/2021 FLUZONE			
Lot #	Date VIS Given	Vaccine Manufacturer:	Administered by: Location: RD ☐ LD ☐

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

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 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.

In an average 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 vaccines

CDC recommends everyone 6 months 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 the influenza viruses believed to be 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 vaccination 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 until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

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.



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4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- 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 members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. 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.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
 - Visit CDC's website at www.cdc.gov/flu.

