FLU CONSENT FORM

Say SHOO to the FLU! — Parker County Hospital District Outreach Program

PATIENT INFORMATION

First Name:	MI	Last Name:

Date of Birth:	Age:	Gender:	Name of School:	Grade:
M M / D D / Y Y Y Y		Male / Female		

Patient Race:	White	African American	Amer. Indian/ Native American	Hispanic	Alaskan Native	Asian	Other:

Address:	City:

Cell/Emergency Contact Phone #: ( ) _

State:	Zip Code:

CONTACT INFORMATION & PARENT/GUARDIAN INFORMATION

First Name:	Last Name:	Relationship:

REQUIRED INSURANCE INFORMATION (MUST check an appropriate box)

NON- PRIVATE			Underinsured: * insurance coverage but does not cover vaccines * insurance only covers select vaccines * insurance caps vaccine coverage	PRIVATE INSURANCE						
NO INSURANCE	Medicaid: Amerigroup Cooks	AETNA-Medicaid		Aetna	BCBS	CIGNA	Humana	Medicare	Tri-Care	UHC

Cardholder's First Name:	Cardholder's Last Name:	Cardholder's Date of Birth:
		M M / D D / Y Y Y Y

Member ID:(please include prefix, if any)		Group #:	

VACCINATION & HEALTH-RELATED QUESTIONS

1	Is the person to be vaccinated sick today?	YES	NO
2	Has this patient ever had a severe or life threatening allergic reaction to the flu vaccine?	YES	NO
3	Does this patient have an allergy to eggs or to a component of the vaccine?	YES	NO
4	Has this patient ever had Guillain-Barre syndrome?	YES	NO

Authorization for the Administration of the Influenza Vaccine

I am providing this consent form to Parker County Hospital District in order that I may be given the influenza vaccination. I have read and understand the information I have received concerning the possible benefits and side effects of the influenza vaccination. I hereby acknowledge that based on the information presented to me, I am eligible to receive the influenza vaccine on this date. I am feeling well today and I have not recently had fever. I understand that no assurance can be given that the influenza vaccination will give me immunity from contracting any strain of influenza. I hereby acknowledge that I have received a copy of the Vaccine Information Sheet on the 2020-2021Influenza Vaccine. I release Parker County Hospital District, its employees, representatives and agents from any liability for giving me the influenza vaccination. I accept responsibility for seeking medical attention for any problems associated with my receiving the vaccine. I have had the opportunity to have all my questions answered. I understand that this consent is valid for 6 months and I will make PCHD/school aware of any changes prior to being vaccinated. I authorize PCHD to provide my child's school with documentation of vaccinations given today.

Signature of Patient/ Parent or Guardian _____ **Date**

PCHD Staff Signature _____ **Date** _____

FOR ADMINISTRATIVE USE ONLY

Clinic Location: _____ Date: / /

Vaccine Lot: _____ Exp. Date: / /

Administered by: _____ Location: RA LA 0.5ml

VIS IIV 8-15-2019

Parker County Hospital District Outreach Program
1130 Pecan Street
Weatherford, Texas 76086
817-458-3254 www.pchdtx.org

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 of age 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.

Each 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 vaccine

CDC recommends everyone 6 months of age 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 three or four viruses that are 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 vaccine 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 to a future visit.

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.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- 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 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. 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's **www.cdc.gov/flu**