

**INFLUENZA VACCINE**

Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days, a week, or more, and complete recovery is usual. An injection of the flu vaccine will not give you the flu, because the vaccine is made from an inactivated, split virus. One injection will protect most people from influenza caused by the different types of virus contained in the vaccine. The vaccine contains an inactivated form of the viruses predicted to be present during the coming influenza season.

**PRECAUTIONS AND CONTRA-INDICATIONS**

1. People who have a severe allergy to chicken eggs
2. People with a fever, or active respiratory or other infection or illnesses
3. People sensitive to thimerosal, an ingredient found in vaccines and contact solution
4. People sensitive to dry natural latex rubber
5. People allergic to aminoglycoside antibiotics (for example: neomycin, gentamicin)
6. People with a prior history of Guillain-Barre Syndrome
7. People who have had an allergic reaction to the influenza vaccine in the past

**POSSIBLE SIDE EFFECTS**

Soreness, redness, or swelling at the injection site  
 Fever, chills or aches  
 These symptoms usually begin soon after the shot and lasts 1-2 days.

**ADVERSE REACTIONS**

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.

**WE REQUEST THAT YOU WAIT 15-20 MINUTES AFTER THE INJECTION IS GIVEN.**

I have read or have had explained to me the information regarding the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me.

**MEDICAL STUDENTS CIRCLE ONE OF THE FOLLOWING:      M1    M2    M3    M4**

Name: \_\_\_\_\_ GO Card/UID# \_\_\_\_\_ Age: \_\_\_\_\_  
Please Print Student Only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Vaccine Information Mfd by: **Sanofi** Expiration Date: **6/30/2012**  
 Lot #: UH453AC MDV Site of injection: R L Deltoid

Signature and Title of Administrator: \_\_\_\_\_