

**MFP Work Wellness  
1025 W. Meeting St., Ste. 200  
Lancaster, SC 29720**

**PATIENT INFORMED INFLUENZA CONSENT FORM**

NAME (PLEASE PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

State Health Plan ID#  
\_\_\_\_\_

MEDICARE ADVANTAGE Name and Plan #:  
\_\_\_\_\_

(For covered Spouse) Subscribers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Some people should not be vaccinated.** Contradictions include severe allergy to eggs (vaccine influenza is grown in hens' eggs) or any other vaccine component (i.e., thimerosal, a mercury-containing organic compound widely used a preservative in many biological and drug products, including certain vaccines and contact lens solutions) and having moderate or severe illness with fever at time of vaccination (not including minor illness). **Talk to a doctor before being vaccinated** if you are allergic to eggs or other vaccine components, have ever had an allergic reaction to a flu shot or similar vaccine, or developed Guillain-Barre syndrome (GBS), a severe paralytic illness, within six weeks of getting a flu shot in the past. The vaccine is not approved for children under six months old. Note that if your immune system is compromised by illness at the time of vaccination your body may not be able to respond as it should to build up antibodies for protection against the flu. An injection of flu vaccine will **NOT** give you the flu. **The most common side effect of the flu shot is soreness at the injection site**, which can last up to two days but does not usually affect an individual's ability to perform normal daily activities. Some people, usually children and others who have not been exposed to the influenza viruses before, may notice "mild" flu-like symptoms, such as fever, malaise, and muscle weakness, after receiving a flu shot. Symptoms usually start 6 to 12 hours after vaccination and can last up to two days. **Less common side effects include allergic reactions and Guillain-Barre syndrome (GBS).** Life-threatening allergic reactions, which usually occur immediately, are very rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased incidence of GBS. Since then, the risk is estimated to be very low at one to two cases per million vaccinated, which is much less than the risk of getting the flu. If a reaction occurs, contact your primary care physician immediately. If there are any questions, please ask.

1. Have you had a flu shot before? \_\_\_Yes \_\_\_No
2. Are you allergic to thimerosal, eggs or egg products? \_\_\_Yes \_\_\_No
3. Have you ever had an allergic reaction to flu or other vaccine? \_\_\_Yes \_\_\_No
4. Is there a chance you are pregnant? \_\_\_Yes \_\_\_No  
(The flu shot is considered safe for pregnant women over 12 weeks, breastfeeding women and their infants and is recommended for women who will be pregnant during flu season since they are at high risk for flu-related complications)
5. Are you currently sick with fever (does not include minor illnesses)? \_\_\_Yes \_\_\_No
6. Do you have a history of Guillain-Barre Syndrome? \_\_\_Yes \_\_\_No

Nurse: _____
Date: _____
Rt. Arm ___ Lt. Arm ___
Manf: <u>afluria Quadrivalent</u>
Lot# <u>P100240990</u>
Exp Date: <u>June 7, 2021</u>
Age limit: <u>6mths and older</u>

I have received and read the informed consent for the flu vaccination and I wish to receive and have had the opportunity to ask questions. I accept that services might be rendered in a non-private setting. I hereby consent to the administration of the flu vaccine. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, Mackey Family Practice and their employees, owners and representatives, as well as the company sponsoring this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this program. I will communicate the information provided to me today about my vaccination to my primary care provider if I have one.

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