



16611 S. 40th St. Ste 160, Phoenix, AZ 85048  
 1783 E. Queen Creek Road Ste 4, Chandler, AZ 85286  
 Phone: (480) 940-8527 Fax: (480) 940-8530  
 www.tlcpedsaz.com

**FLU VACCINATION CONSENT & RELEASE**

Date: _____	Nurse: _____
Rt. Arm	Lt. Arm
Vaccine Name: _____	
Manufacturer: _____	
Lot#: _____	
Expiration: _____	

**PRINT PATIENT'S NAME LEGIBLY:** \_\_\_\_\_  
*(patient is individual receiving the flu vaccine)*

**DOB:** \_\_\_\_\_ **GENDER:** **MALE** **FEMALE**

**Some people should not be vaccinated.** Contraindications include severe allergy to eggs (vaccine influenza is grown in hen's eggs) or any other vaccine component (i.e., thimerosal, a mercury-containing organic compound widely used as a preservative in many biological and drug products, including certain vaccines and contact lens solutions) and having a 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. Latex sensitivity should be considered with GSK pre-filled syringes. 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. 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 six 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.

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. **Are you currently sick or immuno suppressed? (Does not include minor illnesses)** \_\_\_ Yes \_\_\_ No
- The flu shot is considered safe for pregnant women, breastfeeding women and their infants and is recommended for women who will be pregnant during flu season since they are at increased risk for flu-related complications. Please discuss with your OB (Obstetrician) if it is recommended for you to get the flu shot if you are pregnant.
5. **Do you have a history of Guillain-Barre Syndrome?** \_\_\_ Yes \_\_\_ No
  6. **Have you had a serious allergic reaction to Gentamicin, MSG, Gelatin or Arginine?** \_\_\_ Yes \_\_\_ No
  7. **Do you have asthma or active wheezing?** \_\_\_ Yes \_\_\_ No
  8. **Are you pregnant or suspect you are pregnant?** \_\_\_ Yes \_\_\_ No

I have received and read the VIS Vaccine sheet(s) for the flu vaccination I wish to receive and have had the opportunity to ask questions. I have also had the opportunity to read and consider the Privacy Practices Notice of TLC Pediatrics to my satisfaction prior to consent. I accept that services might be rendered in a non-private setting. I agree to remain at the clinic for at least 10 minutes after vaccination if it is my first time being vaccinated. 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, TLC Pediatrics and their employees, owners and representatives, as well as the company sponsoring this event and their agents 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** \_\_\_\_\_  
*(signature of guardian if patient is a minor)*