



PROPERTY OF VSA/HFA!

Date: _____
Nurse: _____
Rt. Arm Lt. Arm
Vaccine Lot #: _____

CLINIC ID# _____ FLU VACCINATION CONSENT & RELEASE

PLEASE WEAR TOPS THAT ARE SLEEVELESS OR HAVE LOOSE-FITTING SLEEVES IF POSSIBLE

PRINT YOUR NAME LEGIBLY: _____

COMPANY: _____

CLINIC ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ (must be at least 18) SEX: M F

Some people should not be vaccinated. Contraindications 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 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-Barré 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. Is there a chance you are pregnant? ___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. However, IT IS AGAINST CALIFORNIA LAW to administer flu shots from a multi-dose vial to pregnant women (and children) because of their levels of thimerosal.

- 5. Are you currently sick (does not include minor illnesses)? ___Yes ___No
6. Do you have a history of Guillain-Barre Syndrome? ___Yes ___No

I have received and read the information 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 Vaccination Services of America, Inc. and Health Fairs of America (VSA) 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, VSA 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: _____