

INFORMED CONSENT FOR RECEIPT OF INFLUENZA VACCINE

I, (*print your name*) _____, have had an opportunity to ask questions about influenza and the vaccine which were answered to my satisfaction. I am 18 years of age or older.

To my knowledge, I am not allergic to chicken eggs or chicken egg products, or thimerosal (merthiolate) and have never been advised by my physician not to receive this vaccine.

I am not allergic to epinephrine (adrenaline) or Benadryl (diphenhydramine), which are the drugs used to counteract an allergic reaction to a flu vaccine.

If I am taking coumadin or another prescription blood thinner, I have obtained my physician's consent to receive the flu shot.

If I have been diagnosed with Multiple Sclerosis, I have received my physician's consent to receive the flu shot.

To my knowledge, I am not pregnant. If I am my physician has given me permission to receive the flu shot.

I do not currently have a fever or the symptoms of an acute infection. I have never been paralyzed with Guillain-Barre Syndrome.

I understand that the recommended immunization is one injection/dose. I understand that receipt of the vaccine does not completely protect me against the flu or other illnesses that resemble the flu. I further understand that if I have a condition of (or am undergoing treatment with causes) immunosuppression, the effectiveness of the vaccine in preventing the flu may be diminished. I believe I understand the risks and benefits of the vaccine.

I further understand that it is my responsibility **to remain in the vaccine area** for at least **15 minutes** after I receive the vaccine, in case I experience a reaction.

I agree to receive the influenza vaccine and hereby release Concorde, Inc. and any of their nurses from any liability due to the administration and/or receipt of this vaccine.

Signature _____

Date _

Phone _____

Birth Date ____/____/____

For Concorde Use Only

Date Vaccinated _

Injection Site: L R

Manufacturer: GSK

Lot #: AFLLA6088A

Exp. Date: June 2011

Concorde Nurse