

**Valencia Pediatric Associates
27867 Smyth Drive
Valencia, CA 91355**

INFLUENZA VACCINE CONSENT

Patient Name _____ **Date** _____

Birth Date _____

Have you had a flu vaccine before? Yes _____ No _____ Maybe _____

- Do you have any allergic reaction to eggs? Yes _____ No _____
- Do you have an active neurological disorder? Yes _____ No _____
- Do you have a fever, acute respiratory or other active infection or illness? Yes _____ No _____

What is the flu? A respiratory disease caused by a virus that produces fever, chills, headaches, dry cough and muscle aches. A person may be sick for several days to a week or more. Most people recover completely. However, flu may be especially severe in some people and pneumonia or other complications including death may develop.

What is the "Flu Vaccine"? A killed influenza vaccine. Since the types of influenza virus changes from year to year, the U.S. Public Health Services in conjunction with other research agencies, determine which specific strains of virus to include in the vaccine each year. **The flu cannot give you the flu because it is a killed virus vaccine.** The vaccine does not offer 100% immunity, but it significantly reduces the chances of contracting a serious illness.

SIDE EFFECTS: Most people have no difficulty with the flu vaccine. A slight local reaction or soreness at the injection site, low grade fever, or muscle aches may occur. As with any vaccine or drug, there is a possibility of an allergic reaction, or even death could occur. Occasionally, other medical events completely unrelated to vaccine administration may occur coincidentally. Unlike the 1976 swine influenza, flu vaccines used since then haven't been clearly associated with Gullain-Barre Syndrome, which involve paralysis.

IF YOU HAVE ANY QUESTIONS OR CONCERNS OR ARE PREGNANT – PLEASE CONTACT YOUR DOCTOR PRIOR TO HAVING VACCINE

I HAVE READ THE ABOVE INFORMATION AND BELIEVE I UNDERSTAND THE BENEFITS AND RISKS OF THIS VACCINE. I REQUEST THE INFLUENZA VACCINE BE ADMINISTERED TO ME. I RELEASE VALENCIA PEDIATRIC ASSOCIATES AND ITS EMPLOYEES FROM ANY LIABILITY RELATED TO THIS TREATMENT.

Signature of Patient or Legal Representative:

_____ Date _____