

Consent - Inactivated Influenza Immunization
 MRN: _____
 NAME: _____ FOR OFFICE USE ONLY
 BIRTHDATE: _____
 CSN: _____

Date: ____/____/____ (mm/dd/yyyy)

Please mark one: **Registered Patient in the University of Michigan Hospital Health System (UMHS)**

Medical Record Number (MRN): _____

First Name_____
Last Name____/____/____
Birthdate (mm/dd/yyyy) **Non-UMHS patient:**_____
First Name_____
Last Name____/____/____
Birthdate (mm/dd/yyyy)

What is the flu? Influenza or the flu is a serious illness caused by viruses that infect the nose, throat, and lungs. Influenza can cause fever, chills, headache, dry cough, sore throat, and muscle aches. The illness usually lasts only a few days. Most people who become infected recover completely. Flu-related complications (including pneumonia and possibly death) are more likely to occur in the elderly and in people with chronic health problems.

What is the flu immunization? Inactivated (killed) influenza immunization, given as a shot, has been used in the United States for many years. The immunization is updated every year because the viruses change. Protection develops about two weeks after getting the shot and protection may last up to one year. Some people who get the flu vaccine may still get the flu, but they will usually get a milder case than those who did not get the shot. The flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

What are the side effects? Serious side effects from the flu immunization are very rare. The viruses in the inactivated influenza immunization have been inactivated or killed. You cannot get influenza from the immunization. Mild side effects that can occur are soreness, redness, or swelling where the shot was given, fever, and/or aches. If these problems occur, they usually begin soon after the immunization and last 1-2 days. A severe allergic reaction is rare, but possible. If an allergic reaction does occur, it is within a few minutes to a few hours after the shot. For first time participants, we recommend you stay for observation 5 minutes after your immunization. Guillain-Barré syndrome (GBS), is an illness characterized by fever, nerve damage, and muscle weakness. In 1976, vaccination with the swine flu vaccine was associated with getting GBS. Several studies have been done to evaluate if other flu vaccines since 1976 were associated with GBS. Only one of the studies showed an association. That study suggested that one person out of 1 million vaccinated persons may be at risk of GBS associated with the vaccine.

I have been given a copy of _____ from the Centers for Disease Control and Prevention. I have been given a chance to ask questions about the immunization and this form and my questions have been answered. I understand the possible benefits and risks of the vaccination. I consent to the Inactivated Influenza Vaccine at this time.

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM BEFORE I SIGNED IT._____
Signature of Patient or Legally Authorized Representative (If patient is a minor or unable to sign)_____
Printed Name of Legally Authorized Representative (If patient is a minor or unable to sign)Relationship: Spouse Parent Next-of-Kin Legal Guardian DPOA for Healthcare_____
Consent Obtained, Explained and Witnessed by (Name)_____
Signature____/____/____
Date(mm/dd/yyyy)_____
Time

A.M./ P.M.

Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)

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31-10162

VER: A/18
HIM: 06/18

Medical Record



Consent – Procedure / Treatment / Evaluation

