

**FLUZONE GROUP IMMUNIZATION
PATIENT INFORMED CONSENT FORM**

Influenza Virus Vaccine, Fluvirin - Novartis

2008-2009 Prototype Strains: A/Brisbane/59/2007 (H1N1); A/Uruguay/716/2007 (H3N2), an A/Brisbane/10/2007-like strain; and B/Florida/4/2006

THE FLU – Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days, a week, or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people. Influenza can cause severe malaise lasting several days.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes, heart, lung, or kidney diseases, the flu may be especially serious. The vaccine is recommended for persons 50 years of age and older and those who do not wish to have the flu.

THE VACCINE - An injection of the flu vaccine will not give you the flu because the vaccine is made from an inactivated, split virus. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration, and the Public Health Service.

RISKS AND POSSIBLE SIDE REACTIONS – Side effects of flu vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches, or muscular aches. These symptoms may last up to 48 hours and occur 6-12 hours after vaccination.

A small number of persons who received the 1976 Swine Flu Vaccine suffered a paralysis called Guillain-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 5 percent of the cases a permanent or even fatal form of paralysis may occur. In 1976, GBS appeared with excess frequency among persons who had not received the 1976 Swine Flu Vaccine. For the 10 weeks following vaccination, the risk of GBS was found to be approximately 10 cases for every 1 million persons vaccinated. This represents a 5 to 6 time higher risk than in unvaccinated persons. Younger persons (under 25 years of age) had a lower risk than others and also had a lower case fatality rate.

Data on the occurrence of GBS have been collected during three flu seasons since the surveillance began in 1978. This data suggests that, in contrast to the 1976 situation, the risk of GBS in recipients of flu vaccine was not significantly higher than in nonvaccines. Nonetheless, persons who receive flu vaccines should be aware of this possible risk as compared with the risk of flu and its complications.

SPECIAL PRECAUTIONS – Children under 6 months of age and pregnant women should consult with their personal physicians before receiving this vaccine. The safety and efficiency of the vaccine between 6 months and 4 years has not been established.

Persons who are allergic to eggs, chickens, chicken feathers, chicken dander, or to any component of the vaccine should not receive this vaccine until they have consulted their personal physicians. Delay vaccination in persons with active neurological disorder but vaccinate when disease is stable. It is also contraindicated to administer Flulaval to people allergic to Thimerosal

Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past 14 days should see their personal physicians before receiving this vaccine.

If you have a reaction, see your personal physician immediately. If you have any questions, please ask.

-----DO NOT CUT OR TEAR-----

CONSENT 2008-2009
INFLUENZA VIRUS VACCINE
Fluvirin
Lot 89622, Expiration Date: 06/30/2009

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. 2008-2009 Prototype Strains: A/Brisbane/59/2007 (H1N1); A/Uruguay/716/2007 (H3N2), an A/Brisbane/10/2007-like strain; and B/Florida/4/2006

INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE

NAME (Please Print) _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF PERSON TO RECEIVE VACCINE (OR PARENT/GUARDIAN) _____ DATE _____

.5cc Influenza Vaccine Administered

By: _____ Time: _____ Site: _____
RN Signature