Riverside Health
MEDICAL GROUP

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INFLUENZA VACCINE CONSENT & RELEASE

Influenza is a viral infection resulting in a combination of symptoms including fever, sore throat, cough, fatigue and body aches. The infection can be more severe by invading the lungs and causing pneumonia.

Influenza vaccine is given to prevent certain types of flu. However, it is not effective on all types of flu. Annual vaccination is recommended for all people who are at a higher-than-average risk for or from infection. High risk groups include:

- persons with heart disease and circulatory disorders
- persons with chronic lung disorders, asthma, bronchitis, T.B., emphysema
- persons with chronic kidney diseases
- persons with diabetes, chronic anemia, sickle cell
- persons with conditions which affect the immune system
- persons aged 50 and over, especially nursing home residents

Possible Side Effects include, but are not limited to:

- slight to moderate tenderness and redness at the injection site
- fever, fatigue and body aches within 6-12 hours after injection and lasting 1-2 days
- immediate allergic reaction including hives, breathing difficulty, swelling around lips, eyes and tongue
- rare serious side effects including death are possible

Precautions

- Inform the doctor or nurse of any egg or chicken allergies, possibility of pregnancy, history of Guillain-Barre disease, or if you have any respiratory infection symptoms at the present time.
- Flu vaccine should not be given at the same time as a DPT or within 14 days of an MMR shot or live measles vaccine.

PLEASE PRINT CLEARLY:

Patient Name:	DOB:	Date:
Address:		Phone #:
City:	State:	Zip:
Email:	Gender:	AGE:

LOCATION WHERE SERVICE WAS PROVIDED:

☐ Riv. Medical Group facility - _____
☐ Newport News ☐ Williamsburg ☐ Hampton ☐ Gloucester ☐ Eastern Shore ☐ Smithfield
☐ Other _____

☐ Yes ☐ No Are you allergic to eggs?
☐ Yes ☐ No Are you now or have you recently been ill?
☐ Yes ☐ No Have you ever had an adverse response to a flu shot?
☐ Yes ☐ No Do you have a fever?
☐ Yes ☐ No Any history of lung, neurological or seizure disorder?
☐ Yes ☐ No Are you pregnant?

If you answered YES to any of the above questions, please explain: _____

NOTICE AND CONSENT *(Participation in this flu vaccine program is strictly voluntary.)*

Certain side effects of the influenza vaccine are possible. They are generally mild in adults and occur infrequently and are more common in children. Tenderness, redness and swelling at the injection site along with general achiness can last one to three days. In ten cases out of one million, an often reversible paralysis can occur. Allergic reactions, if any, are usually immediate.

In addition to the side effects described above, there is no guarantee that there cannot be other harmful side effects, including death.

My signature below shall serve as my consent to this vaccination, and I hereby release Riverside Medical Group, and the health professionals administering this program from any liability resulting from the program.

SIGNED: _____ DATE: _____
(Individual or Parent/Legal Guardian or Legal Representative)

PRINT NAME: _____

OFFICE USE ONLY:

TYPE		DATE	TYPE/ LOT#	SITE	ADMINISTRATOR SIGNATURE/TITLE	VIS Given /Date	VIS Edition Date
						☐ Yes ☐ No	