



Chantilly Family Practice Center

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INFLUENZA VACCINE CONSENT FORM

INFLUENZA (Flu) is a viral infection of the bronchial tubes and lungs that is characterized by abrupt onset of fever, myalgia (body aches), sore throat and non productive cough. Unlike other common respiratory infections, influenza can cause severe malaise lasting several days. Bacterial pneumonia is a common complication of influenza.

INFLUENZA VACCINE QUESTIONNAIRE

Are you allergic to egg/chicken?	Yes	No
Have you had flu shot in the past?	Yes	No
Have you had any reactions to flu in the past?	Yes	No
Any fever in the last 24 hours	Yes	No
Are you pregnant? Possibility of pregnancy?	Yes	No

SIDE EFFECTS OF THE VACCINE

Most people have no side effects from the influenza vaccine. The most frequent side effects of the flu vaccine is soreness around the injection site that last up to two (2) days. Other possible side effects include fever, malaise, muscular pain (myalgia). These can begin 6-12 hours after vaccination and can persist for 1-2 days. Immediate reactions such as hives angioedema, allergic asthma, or systematic anaphylaxis "rarely occur." If you think you may be having these reactions, please call 911 or go to the nearest emergency room.

I understand this vaccine is being offered on a voluntary basis to individuals who wish to reduce their risk of acquiring influenza infection. I understand the benefits and risks of this vaccine and do voluntary request that it be given to me. I have also provided the answers to the above questions truthfully.

Patient / Parent or Guardian's Signature

Date

Patient's temperature _____ Time administered _____ Dose _____

Lot # _____ Expiration date _____ Site given _____

Staff signature _____ Date _____