



This form is PRIVATE PROPERTY of TotalWellness!

NURSE'S BOX Clinic ID#: \_\_\_\_\_
Clinic Date: \_\_\_\_\_
Nurse's Full Name: \_\_\_\_\_
Injection Site (check applicable box):
[R] R Arm [L] L Arm [O] Other: \_\_\_\_\_
Vaccine Packaging (check applicable box):
[M] Multi-dose Vial [P] Pre-filled Syringe
Vaccine Lot #: \_\_\_\_\_

INFLUENZA VACCINE INFORMATION, CONSENT & RELEASE FOR INACTIVATED VACCINE ("FLU SHOT")

Some people should not be vaccinated. Contraindications include severe allergy to eggs (vaccine influenza is grown in hens' eggs) or any other vaccine component (i.e., thimerosal, a mercury-containing organic compound widely used as a preservative in many biological and drug products, including certain vaccines and contact lens solutions) and having a moderate or severe illness with fever at time of vaccination (not including minor illness). Talk to a doctor before vaccination if you are allergic to eggs or other vaccine components, have ever had an allergic reaction to a flu shot or similar vaccine, or have ever developed Guillain-Barre syndrome, a severe paralytic illness. The vaccine is not approved for children under six months old and certain brands are only approved for certain ages. Note that if the immune system is compromised by illness at the time of vaccination the body may not be able to respond as it should to build up antibodies for protection against the flu. The most common side effect of the flu shot is soreness at the injection site, which can last up to two days but does not usually affect an individual's ability to perform normal daily activities. However, there are rare cases in which recipients report persistent arm pain. Some people, usually children and others who have not been exposed to the influenza viruses before, may notice "mild" flu-like symptoms, such as fever, malaise, and muscle weakness, after receiving a flu shot. Symptoms usually start six to 12 hours after vaccination and can last up to two days. Less common side effects include allergic reactions and Guillain-Barré syndrome (GBS). Life-threatening allergic reactions, which usually occur immediately, are very rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased incidence of GBS. Since then, the risk is estimated to be very low at one to two cases per million vaccinated, which is much less than the risk of getting the flu. Note that, although very unlikely, should you have a severe allergic reaction to the flu shot, epinephrine may be administered and Emergency Medical Services may be called to the scene. Additionally, in the rare event a needle stick injury occurs, you may be contacted about recommended follow up procedures.

ANSWER THE FOLLOWING QUESTIONS (CIRCLE ANSWERS):

- 1. Have you had a flu shot before? YES NO
2. Are you allergic to thimerosal, eggs or egg products? YES NO
3. Have you ever had an allergic or other serious reaction to a past flu or other vaccination? If YES, please explain: YES NO
4. Do you have any other severe allergies? If YES, please list: YES NO
5. If female, are you pregnant? YES NO N/A
6. Are you currently feeling sick or feverish (not including minor illnesses)? YES NO
7. Have you ever had Guillain-Barre Syndrome? YES NO

I have received and read the CDC Vaccine Information Statement for the influenza vaccine I wish to be given, I have carefully read and accept this consent form and have had the opportunity to read and consider the TotalWellness Privacy Practices Notice and ask questions to my satisfaction prior to consent. I accept that services might be rendered in a non-private setting. I agree to remain at the clinic for at least 15 minutes after vaccination. I hereby consent to the administration of the influenza vaccine. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, TotalWellness and their employees, owners and representatives, as well as my employer or any other company sponsoring this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this program. I will communicate the information provided to me about my vaccination to my primary care provider.

PLEASE PRINT LEGIBLY or we may ask you to complete another form.

NAME: \_\_\_\_\_ EMPLOYER/COMPANY: \_\_\_\_\_

LOCATION/ADDRESS of onsite flu shot clinic: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

AGE (must be at least 19 in Alabama and Nebraska and 18 in all other states): \_\_\_\_\_ GENDER: [ ] M [ ] F

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_