



2525 Camino Del Rio South, Suite 325, San Diego, CA 92108

619-293-3963

INFLUENZA IMMUNIZATION-2007-2008 SEASON

Flu
 Influenza (flu) is a respiratory disease caused by influenza virus infection. The types, or strains, of influenza virus that cause illness may change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough, and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications, including death, may occur.

Vaccine
 The regular flu vaccine contains killed influenza virus of the types selected by the U.S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types of virus included are those that have most recently been causing influenza. The vaccine will not give you flu because it is a killed virus vaccine. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals.

Risks and Possible Side Effects
 Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm where the injection was given, or possibly fever, chills, headache, or muscle aches. These side effects usually last 24 to 48 hours. Most people who receive the vaccine either have no reaction or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Also, medical events completely unrelated to the vaccine may occur coincidentally following vaccination. Unlike the 1976 swine influenza vaccine, flu vaccines used since then have **not** been clearly connected with an increased frequency of Guillain-Barré syndrome, which is associated with paralysis.

Please complete the following checklist so that we can be certain that you can safely receive your influenza immunization today.

QUESTIONS	YES	NO
1. Is this your first flu shot?		
2. Are you currently ill; have a fever, or taking antibiotics?		
3. Are you allergic to eggs or egg products?		
4. Are you allergic to thimerosal (mercury derivative, found in some contact lens solution)		
5. Are you allergic to antibiotics-If yes, which antibiotic?		
6. Have you ever had a reaction to a flu shot?		
7. Have you ever had a reaction to any vaccine?		
8. Do you have a history of Guillain-Barré Syndrome (GBS) or other neurological disorders (e.g., seizures)?		
9. Are you taking a blood thinner (anticoagulant)? If yes, which one?		
10. Do you have a chronic disease(s)? If yes please list:		
11. For females only: Are you pregnant? Or nursing?		

<u>INFORMATION-Person to receive vaccine:</u>	PLEASE PRINT
Name: _____ Date of Birth: _____	
Last	First
MI	
Street Address: _____	
City: _____ State: _____ Zip: _____ Daytime Phone#: _____	
<p>I have read the above information about Influenza and Influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Influenza vaccination and request that the vaccine be given to me. I understand Passport Health is not a Medicare provider, and does no insurance billing or filing of forms.</p>	
<p>X _____ Signature of person to receive vaccine (or person authorized to make the request)</p>	
<u>FOR CLINIC USE ONLY:</u>	
Date of vaccination: _____	Route/Site: IM Right Left
Administered By: _____	Manufacturer:
	Lot #:
	ExpDate: