



Fluvirin®

Influenza (flu) Vaccine 2011-2012 Consent and Administration Form for Immunization

The 2011/2012 vaccine provides protection against A/H1N1 (pandemic) influenza, A/H3N2 influenza and influenza B. It will not prevent illness caused by other viruses. It takes approximately 2 weeks for protection to develop. Protection lasts about a year.

The patient or guardian must receive a copy of the Inactivated Influenza Vaccine VIS 7/26/11 **prior** to receiving the vaccine. Go to <http://www.cdc.gov/vaccines> or www.immunize.org/vis for copies of VIS in other languages.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Age: _____ Gender: M F

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (___) ___ - _____ Medicare A & B: YES NO Tricare: YES NO BlueCross/Blue Shield: YES NO

Has the person wishing to be vaccinated today had a FLU SHOT before: YES NO

Please answer these questions by checking the boxes.	Yes	No	Unknown
1. Is the person wishing to be vaccinated younger than 4 years of age ?			
2. Does the person wishing to be vaccinated have a severe allergy to eggs ?			
3. Has the person wishing to be vaccinated ever had a life threatening allergic reaction to a previous dose of influenza vaccine?			
4. Has the person wishing to be vaccinated ever had Guillain-Barre Syndrome (a severe paralytic illness, also called GBS)?			
5. Has the person wishing to be vaccinated been told by a doctor NOT to have the influenza vaccine?			
6. Is the person wishing to be vaccinated moderately to severely ill today?			
7. Is the person wishing to be vaccinated pregnant ?			

I believe I understand the benefits and risks of the vaccine, and ask that the influenza vaccine be given to me or to the person named above (for whom I am authorized to make this request).

Signature of Person to Receive Vaccine
(or parent or guardian, if recipient is a minor)

Date

Name of Parent or Guardian,
(if recipient is a minor)

MEDICAL STAFF USE ONLY

If "NO" is checked to All above screening questions and the consent signed, administer the influenza vaccine per the NextCare Administration and Reporting of Vaccines Policy and Care Pathways.

If "YES" is checked on Any of the above screening questions, then the vaccine cannot be administered under standing orders. Please advise patient to consult their PCP or a NextCare Provider may be consulted.

*Note: Children younger than 9 years of age getting influenza vaccine for the first time—or who got influenza vaccine for the first time last season but got only one dose—should get 2 doses, at least 4 weeks apart to be protected.
Children aged 4 to 8 years who have been vaccinated with two doses of any influenza virus vaccine in the previous season, or with one dose in the year prior to the previous season, should receive only one dose.*

Vaccine Name & Dose: **Fluvirin 0.5 ml IM** Manufacturer: **Novartis** Expiration Date: _____ Lot #: _____

Site: RD LD Other _____ Date: _____ Time: _____ Admin by: _____ Clinic: _____

Give the patient a copy of this form or document vaccination in the patient's immunization record.

Scan this form into the patient's EMR. If the patient is a minor, comply with all state laws regarding mandatory reporting of immunizations.