



# San Diego Nursing Service-Education Consortium

## 2016-2017 Influenza Vaccination Consent

All students/faculty with clinical assignments must comply with the CDC's recommendations for seasonal flu immunization by the deadlines announced by the clinical agencies.

The following information is taken from the following website: <http://www.cdc.gov/flu/about/season/flu-season-2016-2017.htm>. **This season, only injectable flu vaccines (flu shots) should be used.** Some flu shots protect against three flu viruses and some protect against four flu viruses. For 2016-2017, three-component vaccines are recommended to contain: A/California/7/2009 (H1N1) pdm09-like virus, A/Hong Kong/4801/2014 (H3N2)-like virus and a B/Brisbane/60/2008-like virus (B/Victoria lineage). Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage). **The recommendations for people with egg allergies have been updated for this season.** People who have experienced only hives after exposure to egg can get any licensed flu vaccine that is otherwise appropriate for their age and health. People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). People with egg allergies no longer have to wait 30 minutes after receiving their vaccine.

Please answer the following questions. It is recommended you wait at least 30 minutes after the injection, due to the possibility of an allergic reaction.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is this the first "Flu" vaccination you have ever received?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an allergic or serious reaction to the following; Flu vaccine, chicken eggs, or chicken products, Thimerosal, or have you had Guillain-Barre Syndrome (GBS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you ill today?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you take blood thinners such as Aspirin, Clopidogrel (Plavix), Dipyridamole (Aggrenox), or Coumadin (Warfarin) on a daily basis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you under 18 years of age? <b>If yes, parental consent is required.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you pregnant? If yes, you must provide written permission from your physician.   | <input type="checkbox"/> | <input type="checkbox"/> |

Please check your appropriate age group:

Age: 6-18  19-49  50-59  60-64  Over 65

Please check your appropriate category:  Student  Faculty

ID #: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have read the CDC 2016-2017 Influenza vaccine information statement. By signing below I understand and consent to receive the vaccine.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)



Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Route: IM Site:  R Deltoid  L Deltoid FluMist \_\_\_\_\_

Influenza Vaccine 2016-2017 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_