



San Diego Nursing Service-Education Consortium

2019-2020 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 CDC’s website. Please refer to the CDC link if you want more information. <https://www.cdc.gov/flu/season/flu-season-2019-2020.htm>

There are many different flu viruses and they are constantly changing. For 2019-2020, trivalent (three-component) vaccines are recommended to contain:

- A/Brisbane/02/2018 (H1N1)pdm09-like virus (updated)
- A/Kansas/14/2017 (H3N2)-like virus (updated)
- B/Colorado/06/2017-like (Victoria lineage) virus

Quadrivalent (four-component) vaccines, which protect against a second lineage of B viruses, are recommended to contain:

- the three recommended viruses above, plus B/Phuket/3073/2013-like (Yamagata lineage) virus.

The World Health Organization (WHO) made the selection of the H1N1 and both B components for 2019-2020 Northern Hemisphere flu vaccines on February 21 and at that time decided to delay the decision on an H3N2 vaccine component. FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) also selected the H1N1 and B components at their first meeting on March 6, but also decided to postpone the selection of the H3N2 component. WHO selected the H3N2 component listed above on March 21, 2019. VRBPAC chose the same H3N2 component for U.S. vaccines on March 22, 2019.

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) or others on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you under 18 years of age? If yes, parental consent is required.	<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 and category:

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

ID #: _____ Telephone: _____

I have read the CDC 2019-2020 Influenza vaccine information statement. By signing below I understand and consent to receive the vaccine.

Print Name: _____ Signature: _____ Date: _____



Manufacturer: _____ Lot #: _____ Exp Date: _____
Route: IM Site: R Deltoid L Deltoid FluMist _____

Influenza Vaccine 2019-2020 Staff Signature _____ Date _____

STAMP of PROVIDER: