

CentraState Healthcare System®

AUTHORIZATION FOR ADMINISTRATION OF THE INFLUENZA VACCINE [FOR MINORS]

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Date of Birth:

Age:

Parent or Guardian:

Relationship to Minor:

As per CDC guidelines, it is recommended that for minors ages 8 and younger, the influenza vaccine be administered for two doses approximately one month apart. Additionally, CentraState Healthcare System® will not administer the influenza vaccine to anyone under 4 years of age. Please answer the following questions and sign below.

Has the minor ever received an influenza vaccine previously?	YES	or	NO
Has the minor ever had a serious reaction to a previous dose of an influenza vaccine?	YES	or	NO
Does the minor currently have a fever or symptoms of an acute infection?	YES	or	NO
Is the minor allergic to latex? ¹ , epinephrine (adrenaline), or diphenhydramine (Benadryl)? ²	YES	or	NO
Does the minor have a life-threatening reaction to eggs, thimerosal, or other vaccine components? ²	YES	or	NO
Has the minor been paralyzed with Guillain-Barre Syndrome within six weeks after receiving an influenza vaccine?	YES	or	NO

I understand that receipt of the influenza vaccine does not protect against additional illnesses that resemble the flu and it may not completely protect against the influenza virus. I understand that if possessing or undergoing treatment causing a weakened immune system, the effectiveness of the influenza vaccine in preventing the flu virus may be decreased. I understand possible side effects include soreness, redness, tenderness, and/or swelling of the injection site, headaches, muscle aches, fever and/or nausea. If these side effects occur, they will usually commence soon after the injection and last approximately 1-2 days. I understand that life-threatening allergic reactions would occur immediately and are extremely rare. I understand that the influenza vaccine CANNOT cause the flu.

I understand the risks and benefits presented with the influenza vaccine and that services might be rendered in a non-private setting. A *Vaccination Information Sheet* has been made available to me and I have been provided with the opportunity to ask questions related to the vaccine. I hereby release CentraState Healthcare System® of any responsibility for any ill effects and consent to the influenza vaccine for the minor.

This form has been explained to me and I certify that I understand its contents.

Parent or Guardian Signature:

Date:

For Staff Use Only:

Lot Number:

Expiration Date:

Deltoid [0.5 mL/IM]: R or L

Vaccine Administrator Signature:

¹ Natural rubber latex is NOT an ingredient in single-dose prefilled syringes or single and multi-dose vaccine vials.

² Epinephrine and diphenhydramine are drugs used to counteract allergic reactions

³ Influenza vaccine is grown in the eggs of hens and thimerosal is only used in multi-dose vials of a quadrivalent influenza vaccine.



AUTORIZACION PARA LA ADMINISTRACION DE LA VACUNA CONTRA LA INFLUENZA

Nombre:

Dirección:

Ciudad:

Estado:

Codigo postal:

Numero de telefono:

Fecha de nacimiento:

Edad:

Según las pautas de los CDC, se recomienda que la administración de la vacuna contra la influenza sea una dosis o una inyección. Además, se recomienda que ciertas personas NO DEBEN vacunarse, como aquellas que tienen fiebre o síntomas de una infección aguda en el momento de la vacunación; aquellos con sensibilidad al látex; y aquellos con alergia severa a los huevos, timerosal o cualquier otro componente de la vacuna. Responda las siguientes preguntas y firme a continuación.

Table with 4 columns: Question, Sí, or, NO. Contains 10 questions regarding influenza vaccination eligibility.

Entiendo que recibir la vacuna contra la influenza no protege contra enfermedades adicionales que se asemejan a la influenza y es posible que no proteja completamente contra el virus de la influenza. Entiendo que si poseo o se somete a un tratamiento que causa un sistema inmunológico debilitado, la efectividad de la vacuna contra la influenza para prevenir el virus de la influenza puede disminuir.

Entiendo los riesgos y beneficios que presenta la vacuna contra la influenza. Entiendo que los servicios se pueden brindar en un entorno no privado y que permaneceré en la clínica de 5 a 10 minutos después de la vacunación si esta es la primera vez que me vacunan.

Firma: _____ Fecha: _____

For Staff Use Only: Lot Number, Expiration Date, Deltoid [0.5 mL/IM], R or L, Vaccine Administrator Signature



AUTHORIZATION FOR ADMINISTRATION OF THE INFLUENZA VACCINE

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Date of Birth:

Age:

Company [If Applicable]:

As per CDC guidelines, it is recommended that the influenza vaccine administration is one dose or injection. Additionally, it is recommended that certain people SHOULD NOT be vaccinated, such as those who have a fever or symptoms of an acute infection at the time of vaccination; those with a sensitivity to latex; and those with a severe allergy to eggs, thimerosal, or any other vaccine components. Please answer the following questions and sign below.

Have you ever received an influenza vaccine previously? YES or NO

Have you ever had a serious reaction to a previous dose of an influenza vaccine? YES or NO

Do you currently have a fever or symptoms of an acute infection? YES or NO

Are you allergic to latex¹, epinephrine (adrenaline), or diphenhydramine (Benadryl)?² YES or NO

Do you have a life-threatening reaction to eggs, thimerosal, or other vaccine components?³ YES or NO

Do you have a history of Guillain-Barre Syndrome, multiple sclerosis, and/or hypertension? YES or NO

Are you currently taking any medications for blood pressure, such as beta blockers? YES or NO

Are you currently taking prescription blood thinners and/or theophylline preparations? YES or NO

Are you currently pregnant? YES or NO

I understand that receipt of the influenza vaccine does not protect against additional illnesses that resemble the flu and it may not completely protect against the influenza virus. I understand that if possessing or undergoing treatment causing a weakened immune system, the effectiveness of the influenza vaccine in preventing the flu virus may be decreased. I understand possible side effects include soreness, redness, tenderness, and/or swelling of the injection site, headaches, muscle aches, fever and/or nausea. If these side effects occur, they will usually commence soon after the injection and last approximately 1-2 days. I understand that life-threatening allergic reactions would occur immediately and are extremely rare. I understand that the influenza vaccine is safe for pregnant and breastfeeding women and their infants. It is recommended that women who will be pregnant or breastfeeding during flu season receive the influenza vaccine since they are at an increased risk for flu-related complications. I understand that the influenza vaccine CANNOT cause the flu.

I understand the risks and benefits presented with the influenza vaccine. I understand and that services might be rendered in a non-private setting and that I will remain at the clinic for 5 to 10 minutes after the vaccination of this is my first time being vaccinated. A *Vaccination Information Sheet* has been made available to me and I have been provided with the opportunity to ask questions related to the vaccine. I hereby release CentraState Healthcare System® of any responsibility for any ill effects and consent to the influenza vaccine.

This form has been explained to me and I certify that I understand its contents.

Signature:

Date:

For Staff Use Only:

Lot Number:

Expiration Date:

Deltoid [0.5 mL/IM]: R or L

Vaccine Administrator Signature:

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