

University of California, Merced

Student Health Services

SEASONAL INFLUENZA IMMUNIZATION CONSENT

Check One

- ☐ Faculty
☐ Staff
☐ Student

COMPONENTS OF THE 2015-16 VACCINE:

The influenza vaccine protects you against three strains of influenza expected to be the most prevalent each year. The three component strains include: A/California/7/2009 (H1N1)pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

POSSIBLE SIDE EFFECTS:

Most people have no side effects from the flu shot. The most common reaction is soreness at the injection site for a day or two. Occasionally, persons may experience a fever or muscle aches for one or two days. As with any drug or vaccine there is a slight possibility that an allergic reaction, or even death, could occur. THE VACCINE CANNOT CAUSE INFLUENZA; RESPIRATORY ILLNESS AFTER VACCINATION IS COINCIDENTAL AND UNRELATED TO THE VACCINE.

DO NOT TAKE THE FLU SHOT IF:

- You have a severe allergy to eggs.
- You have ever had a serious reaction to the flu shot.
- You have a fever (delay the shot until the fever is gone)

CHECK WITH YOUR PHYSICIAN BEFORE TAKING THE SHOT IF:

- You have ever had Guillain-Barre Syndrome
- You are Pregnant

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT CLEARLY)		
Last Name:	First:	MI:
Current Address:		
City:	State:	Zip:
Date of Birth:	Age:	Local Phone: ()
Student ID:		

QUESTIONS: If you have any questions about influenza or influenza vaccine, ask now or call your physician before requesting the vaccine. **INITIAL each of the following questions:**

YES _____	NO _____	Are you allergic to eggs?
YES _____	NO _____	Have you ever had a serious reaction to a flu shot?
YES _____	NO _____	Are you sick with a fever today?
YES _____	NO _____	Are you taking antibiotics?
YES _____	NO _____	Are you pregnant?
YES _____	NO _____	Have you ever had Guillain-Barre Syndrome?

I HAVE READ OR HAD EXPLAINED TO ME, THE VACCINE INFORMATION SHEET (VIS) ABOUT THE INFLUENZA VACCINE. I HAVE HAD A CHANCE TO ASK QUESTIONS WHICH WERE ANSWERED TO MY SATISFACTION AND I UNDERSTAND THE BENEFITS AND RISKS OF THE VACCINATION AS DESCRIBED. I REQUEST THAT THE INFLUENZA VACCINE BE GIVEN TO ME.

SIGNATURE OF RECIPIENT/GUARDIAN

DATE

OFFICE USE ONLY	
DATE VACCINATED:	SITE OF INJECTION: 0.5 mL DELTOID R / L (circle side)
MANUFACTURER NUMBER: BioCSL Pty Ltd	LOT NUMBER: U50609
EXPIRATION DATE: June 30, 2016	
VIS GIVEN: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PUBLICATION DATE OF VIS: 08/07/2015
VACCINE ADMINISTERED BY:	TITLE: