

Uyen Jackie Nguyen, MD, INC.

CONSENT FORM FOR INFLUENZA VACCINE

INDICATIONS: Influenza vaccine is strongly recommended for:

- 1) Any person who wished to reduce the risk of influenza,
- 2) Persons over the age of 50,
- 3) Residents of nursing homes or other chronic care facilities,
- 4) Adults and children with asthma or chronic pulmonary/cardiovascular disorders,
- 5) Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic disease, renal dysfunctions, hemoglobinopathies, or immunosuppression.
- 6) For children and teenagers between 6 months and 18 years of age who are receiving long term aspirin therapy and may be at risk of developing Reyes Syndrome after influenza,
- 7) Health care providers and household members of person in the risk group mentioned above,
- 8) Pregnant women who have high risk condition, even in the first trimester of pregnancy.
- 9) Safe for nursing mothers.

ADVERSE REACTIONS: occur in minority of patients

- 1) Local redness and swelling at injection site
- 2) Fever, chills, muscle aches (Flu like symptoms)
- 3) Allergic reactions are rare

CONTRAINDICATION: Allergy to eggs, influenza vaccine, thimerosal, polymixin B, and neomycin.

It is known definitely that influenza virus vaccine as now constituted is not effective against all possible strains of influenza virus. Protection is afforded to most people only against those strains of virus from which the vaccine is prepared or against closely related strains.

Because it is a killed virus, influenza vaccine does not cause influenza.

DATE: _____

PRINT NAME: _____ **DOB:** _____

SIGNATURE: _____