

856 J. Clyde Morris Boulevard, Suite A Newport News, VA 23601 757-316-5800 / Fax 757-594-2195

MEDICAL GROUP

INFLUENZA VACCINE CONSENT & RELEASE

Influenza is a viral infection resulting in a combination of symptoms including fever, sore throat, cough, fatigue and body aches. The infection can be more severe by invading the lungs and causing pneumonia.

Influenza vaccine is given to prevent certain types of flu. However, it is not effective on all types of flu. Annual vaccination is recommended for all people who are at a higher than average risk for or from infection. High risk groups include:

- persons with heart disease and circulatory disorders
- persons with diabetes, chronic anemia, sickle cell
- persons with chronic lung disorders, asthma, bronchitis, T.B., persons with conditions which affect the immune system emphysema

 - persons age 50 and over, especially nursing home residents

- persons with chronic kidney diseases

Possible Side Effects include, but are not limited to:

- slight to moderate tenderness and redness at the injection site
- fever, fatigue and body aches within 6-12 hours after injection and lasting 1-2 days
- immediate allergic reaction including hives, breathing difficulty, swelling around lips, eyes and tongue
- rare serious side effects including death are possible

Precautions:

- Inform the doctor or nurse of any egg or chicken allergies, possibility of pregnancy, history of Guillain-Barre disease, or if you have any respiratory infection symptoms at the present time.

- Flu vaccine should not be given at the same time as a DPT or within 14 days of an MMR shot or live measles vaccine

PLEASE PRIN	T CLEARLY	<i>(</i> :							
Patient Name:	ratient Name: DOI				Date:	Date:			
Address:						Phone #:			
City:				State:		Zip:			
Email:				Gend	er:	AGE:		Male □ Female	
		/ICE WAS PROVIDED:							
☐ Riv. Medical 0 ☐ Newport New ☐ Other		r - nsburg □ Hampton □ Gle	oucester	□ Eastern Shore					
□ Yes □ No A	Are you aller	gic to eggs?				Are you now or heen ill?	nave yo	ou recently	
□ Yes □ No A	Any history o	ver had an adverse respons of lung, neurological or seiz v of the above questions, p	zure disord	der? □ Yes	ou have a s □ No	a fever? Are you pregnar	ıt?		
NOTICE AND	O CONSE	NT (Participation in this flu	ı vaccine _l	orogram is strict	tly volunt	ary.)			
more common in three days. In te	n children. ⁻ en cases out	nfluenza vaccine are possib Tenderness, redness and s t of one million, an often re sk that you remain here for	swelling at eversible pa	t the injection si aralysis can occ	te along cur. Aller	with general achi	ness ca	an last one to	
In addition to the including death.		s described above, there is	s no guara	intee that there	cannot b	e other harmful s	ide effe	ects,	
		erve as my consent to this verthis program from any liab				Riverside Medical	Group	, and the health	
SIGNED: (Individual or Parent/Legal Guardian or Legal Representative)					DATE:				
PRINT NAME: _									
OFFICE USE O	NLY:								
TYPE	DATE	TYPE/ LOT#	SITE	ADMINIST SIGNATUR	_		-	VIS Edition Date	

☐ Yes □ No