



**NAME** \_\_\_\_\_  
**LAST** **FIRST**

**AGE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**COUNTY OF RESIDENCE** \_\_\_\_\_

**INFORMED CONSENT**

I have read the information about the 2019-2020 influenza vaccine.

I have had an opportunity to ask questions and understand the benefits.

I have been given a copy of the current Influenza Vaccine Information Statement. I request that that the flu vaccine be given to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you are a PRMC EMPLOYEE print badge number: \_\_\_\_\_

Vaccine: Fluarix Quadrivalent  
Mfg: GlaxoSmithKline Biologicals  
Lot #: M5325  
Exp. 06/30/20

Shot Giver Initials \_\_\_\_\_



**PENINSULA REGIONAL MEDICAL CENTER  
2019-2020  
INFLUENZA VIRUS VACCINE CONSENT**

Influenza vaccine used at PRMC is prepared from non-infectious viruses. This year the quadrivalent influenza vaccine contains antigens for A Brisbane/02/2018 (H1N1) pdm 09, A/Kansas/14/2017 (H3N2), B/Maryland/15/2016 (B/Colorado/6/2017-like virus), B/Phuket/ 3073//2013 and is protective against these and other closely related strains.

Vaccination is recommended for everyone age 6 months and older.

Influenza vaccine is strongly recommended for these higher risk target groups:

1. Individuals 50 years of age or older especially those 65 years and older;
2. Children aged 6 months –18 years of age
3. All persons 19 to 49 years with long –term health problems, including metabolic disease, pulmonary disease, cardiovascular diseases, renal disease, sickle cell anemia, immunocompromising conditions, muscle or nerve disorders (such as seizure disorders or severe cerebral palsy) that can cause breathing or swallowing problems:
4. Residents of long term care facilities (ages  $\geq$ 6 months)
5. Pregnant Women

Individuals who contact high-risk persons can transmit influenza infections to them while they are themselves incubating infection, having infection with few symptoms, or working despite the existence of symptoms.

Influenza vaccine will not be administered to:

1. Individuals with severe hypersensitivity to chicken eggs or other components of the influenza vaccine.
2. Individuals with acute febrile illnesses (one with a fever).
3. Individuals with a past history of Guillain-Barre syndrome.

Vaccine (prefilled syringes)	Thimerosal	Latex	Eggs	Antibiotics
Fluarix Quadrivalent	None	None	Yes	Residual amounts of Gentamicin

Side effects to the influenza vaccine are infrequent and generally mild in adults. Side effects are usually limited to a tenderness or redness at the site of injection. Other reactions are fever and achiness; immediate allergic responses; and Guillain-Barre syndrome. Because this type of influenza vaccine contains only non-infectious viruses, it cannot cause influenza.

Notify your shot giver if you are taking blood thinners (Aspirin, Enoxaparin (Lovenox®), Warfarin (Coumadin®), Clopidogrel (Plavix), Ticagrelor (Brilinta®), Prasugrel (Effient®), Dabigatran (Pradaxa®), Rivaroxaban (Xarelto®), Apixaban (Eliquis®), Edoxaban (Savaysa®) etc.).

Questions or concerns contact: Rhonda Snyder- Phone: 410-543-7766