



# San Diego Nursing Service-Education Consortium

## 2011-2012 Influenza Vaccination Consent Nursing Student/Faculty

All students/faculty with clinical assignments must comply with the CDC's recommendations for seasonal flu immunization by October 15, 2011.

The following information is from the CDC, <http://www.cdc.gov/flu/about/season/flu-season-2011-2012.htm>: "CDC recommends a yearly [flu vaccine](#) for everyone 6 months of age and older as the first and most important step in protecting against this serious disease. While there are many different flu viruses, the flu vaccine is designed to protect against the three main flu strains that research indicates will cause the most illness during the flu season. Getting the flu vaccine as soon as it becomes available each year is always a good idea, and the protection you get from vaccination will last throughout the flu season. WHO recommended that the Northern Hemisphere's 2011–2012 seasonal influenza vaccine contain the following three vaccine viruses: an A/California/7/2009 (H1N1)-like virus; an A/Perth/16/2009 (H3N2)-like virus; and a B/Brisbane/60/2008-like virus. These are the same viruses that were selected for the Northern Hemisphere for the 2010-2011 influenza vaccine."

Please answer the following questions. It is recommended you wait at least 30 minutes after the injection, due to the possibility of an allergic reaction.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is this the first "Flu" vaccination you have ever received?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an allergic or serious reaction to the following; Flu vaccine, chicken eggs, or chicken products, Thimerosal, or have you had Guillain-Barre Syndrome (GBS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you ill today?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you take blood thinners such as Aspirin, Clopidogrel (Plavix), Dipyridamole (Aggrenox), or Coumadin (Warfarin) on a daily basis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you under 18 years of age? <i>If yes, parental consent is required.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you pregnant? If yes, you must provide written permission from your physician.   | <input type="checkbox"/> | <input type="checkbox"/> |

Please check your appropriate age group:

Age: 6-18  19-49  50-59  60-64  Over 65

Please check your appropriate category:  Student  Faculty

ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have read the CDC 2011-2012 Influenza vaccine information statement. By signing below I understand and consent to receive the vaccine.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)



Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Route: IM Site:  R Deltoid  L Deltoid FluMist \_\_\_\_\_

Inactivated Influenza Vaccine 2011-2012

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_