



San Diego Nursing Service-Education Consortium

2013-2014 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 1, 2013.

The following information is from the CDC, <http://www.cdc.gov/flu/>. "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. The Food and Drug Administration-approved prescribing information for 2013-2014 influenza vaccines and the 2013-2014 ACIP influenza recommendation statement for the most updated information concerning indications, contraindications, and precautions. The following are available:

- Live, attenuated influenza vaccine, quadrivalent (LAIV4; FluMist® Quadrivalent, MedImmune) [1];
- Inactivated influenza vaccine, quadrivalent (IIV4; Fluarix® Quadrivalent, GlaxoSmithKline) [2];
- Inactivated influenza vaccine, quadrivalent (IIV4; Fluzone® Quadrivalent, Sanofi Pasteur) [3];
- Cell culture-based trivalent inactivated influenza vaccine (ccIIV3; Flucelvax®, Novartis) [4];
- Recombinant hemagglutinin influenza vaccine (RIV3; FluBlok®, Protein Sciences) [5].

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? If yes, parental consent is required.	<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 #: _____ Telephone: _____

I have read the CDC 2013-2014 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 _____

Influenza Vaccine 2013-2014 Staff Signature _____ Date _____