



San Diego Nursing Service-Education Consortium

2018-2019 Influenza Vaccination Consent

All students/faculty with clinical assignments must comply with the CDC’s recommendations for seasonal flu immunization by the deadlines announced by the clinical agencies. The following information is taken from the CDC’s website. Please refer to the CDC link if you want more information. https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_w.

Routine annual influenza vaccination of all persons aged ≥6 months without contraindications continues to be recommended. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended, and appropriate product is available. Updated information and guidance in this report includes the following:

- Vaccine viruses included in the 2018–19 U.S. trivalent influenza vaccines will be an A/Michigan/45/2015 (H1N1)pdm09–like virus, an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus, and a B/Colorado/06/2017–like virus (Victoria lineage). Quadrivalent influenza vaccines will contain these three viruses and an additional influenza B vaccine virus, a B/Phuket/3073/2013–like virus (Yamagata lineage).
- Following two seasons (2016–17 and 2017–18) during which ACIP recommended that LAIV4 not be used, ACIP voted in February 2018 to recommend that for the 2018–19 season, vaccination providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). LAIV4 is an option for those for whom it is appropriate (Table 2).
- Persons with a history of egg allergy of any severity may receive any licensed, recommended, and age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). IIV and RIV4 have been previously recommended. Use of LAIV4 for persons with egg allergy was approved by ACIP in February 2016. Additional recommendations concerning vaccination of egg-allergic persons are discussed.

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) or others 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 and category:

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

Category: Student Faculty

ID #: _____ Telephone: _____

I have read the CDC 2018-2019 Influenza vaccine information statement. By signing below I understand and consent to receive the vaccine.

Print Name: _____ Signature: _____ Date: _____



Manufacturer: _____ Lot #: _____ Exp Date: _____

Route: IM Site: R Deltoid L Deltoid FluMist _____

Influenza Vaccine 2018-2019 Staff Signature _____ Date _____

STAMP of PROVIDER: