MHC Healthcare
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Influenza Vaccination – Patient Information

VACCINE: Influenza is a respiratory infection caused by viruses. These viruses change from year to year. People over the age of 65, and those considered high risk, need to be vaccinated each year against the viruses. The influenza vaccine is made from killed viruses and is given by injection. It will protect 3 out of 4 people against getting an influenza infection, but it will not protect against all viruses.

SIDE EFFECTS: Most people have no side effects from receiving the vaccine. A few people will have a sore arm for a couple days. A few may have a fever, chills, headache, or muscle aches for the first 2 to 3 days after receiving the vaccine. There is however, a small chance that someone will have a serious reaction or even die after receiving the vaccine. The risks listed above should be weighed against the risk of getting the influenza virus and the complications such as pneumonia that can result from not being vaccinated. The risk of death from the influenza virus is 400 times greater than the risk of receiving the vaccine.

WARNING: If you have any of the following conditions, you should speak to your doctor before getting the vaccination.

- If you have had a fever > 100 F during the last 48 hours
- If you have a significant illness or symptoms of a cold or the flu
- If you have an allergy to any of the following: eggs, Thimersol, Gentamycin, Neomycin
- If you have ever been paralyzed with Guillain Barre Syndrome
- If you are HIV+ with a CD4 count less than 200 (the vaccine will not protect you)
- If you are 1 to 6 months pregnant (1st or 2nd Trimester)

I have read the information about influenza and the influenza vaccine. I have had the opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

Patient Name	Date of Birth
Signature of person to receive vaccine or Person authorized to make the request	Date
Health Professional	Injection Site/Manufacture & Lot#

☐ VIS Inactivated Flu Vaccine
☐ VIS Flu Mist