McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

PATIENT LABEL

2023–2024 INFLUENZA VACCINE INFORMED CONSENT (for ages 6 months and above)

GENERAL INFORMATION:

1. **Annual vaccination is recommended for all people 6 months of age and older.**
   Annual vaccination is especially important for people at higher risk of severe influenza and their close contacts including:
   - close contacts of children younger than 6 months old.
   - persons with chronic health problems (diabetes, cardiovascular, renal, pulmonary, etc.) or weakened immune systems, or any condition that can compromise respiratory function.
   - residents of long-term care facilities.
   - women who will be pregnant during the influenza season.
   - healthcare workers.
   - persons who live with, or care for persons at high risk for influenza-related complications.
   - anyone who wants to reduce their chances of contracting influenza.
2. **Vaccine will not be given to anyone known to have severe hypersensitivity to the components of the vaccine or egg protein or life threatening reactions after previous administration of any influenza vaccine. Individuals with a history of Guillain-Barré syndrome must confer with their physician before receiving the vaccine.**
3. Persons with a **fever** or who are severely ill should **not be** vaccinated until symptoms have subsided.
4. BECAUSE THE VACCINE CONTAINS ONLY NONINFECTIOUS VIRUSES, IT **CANNOT** CAUSE INFLUENZA. Occasional cases of respiratory disease following vaccination represent coincidental illnesses unrelated to influenza vaccination.

SIDE EFFECTS AND ADVERSE REACTIONS:

1. Soreness around the vaccination site for up to 2 days; this occurs in less than one-third of vaccines.
2. Fever, malaise, muscle aches or general discomforts occur infrequently. These reactions begin 6–12 hours after vaccination and can persist for 1–2 days.
3. Immediate, allergic reactions are extremely rare.

I have read the above material, understand it, and have had the opportunity to ask questions. I consent to **INFLUENZA** vaccination:

Name (**please print**): _____ Date: _____

Signature: _____ (Patient, parent or guardian)

Address: _____ McLaren Central Michigan Dept. _____ (if applicable)

Vaccine Information Statement (pub date 8/6/21) given on _____ (Date) Date of Birth _____

Manufacturer Lot# _____ Given by _____ Site-Deltoid R L

(For IM injection only) Other _____

Dose 0.5 ml for **3 YRS AND OLDER**

*****See insert for proper pediatric dosing and administration < 3 yrs. MMWR Vol. 58 N. RR-8**