

**McLaren Print System Order**

**Order No: 80670**  
**Order Date: 2023-10-20**  
**User: Jennifer Melcher**  
**Phone: 989-779-5637**

**Ship Location: McLaren Central Michigan / Attn: 3West**  
**1221 South Dr**  
**Mt Pleasant, MI 48858**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 30100**  
**Dept Name: Supply Chain Management**  
**Company Number: 360**

**Order Total Price: 0.00**

**Item Number: 655-748**  
**Item Description: Flu Vaccine Informed Consent**  
**Revision Date: 09/2023**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Poster:**  
**Misc Info: 8.5x11 Black SS**

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

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

PATIENT LABEL

**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)

Spec Info:

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

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**

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