

McLaren Print System Order

Order No: 80671
Order Date: 2023-10-20
User: Jennifer Melcher
Phone: 989-779-5637

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

Forms

Quantity: 100
Paragon Dept No: 30090
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)



GENERAL INFORMATION:

- 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.
- 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.**
- Persons with a fever or who are severely ill should not be vaccinated until symptoms have subsided.
- 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:

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

