

Montgomery County Occupational Medical Services
27 Courthouse Square, #180, Rockville, MD 20850

**CONSENT FOR ADMINISTRATION OF
INACTIVATED INJECTABLE INFLUENZA VACCINE**

The influenza vaccine is administered to prevent the spread of influenza. The vaccine offered is an inactivated (killed) virus which has been available in the United States for many years. It is administered as a shot directly into the muscle. It is approved for healthy adults and children. The influenza vaccine is developed yearly based on the previous year's strain of influenza per the CDC and should start to be given in September and October.

As with most vaccinations, there may be some associated reactions. There have been infrequent reports of fever, chills, and general flu-like symptoms. Although current influenza vaccines contain only a small quantity of egg protein, on rare occasions, they can induce an allergic response (rash or breathing problems) in egg sensitive people. There has been no recent significant risk of Guillain-Barre syndrome (GBS), a condition that causes paralytic illness (paralysis) from which people usually recover. Centers for Disease Control (CDC) data indicates that any risk of developing GBS from influenza vaccine appears to be far lower than the risks associated with severe influenza among persons for whom the vaccine is recommended. There is some risk, however small, of contracting GBS.

The following contact information is recommended by the CDC (Center of Disease Control) in the case of an adverse reaction, emergency, or warnings issued by the CDC about the disease or vaccine.

First Name _____ Last Name _____ ID _____ Age _____

Department _____ Job Title _____

Home Address _____

Home Phone Number _____ Cell _____ Date _____

Appointment Date: _____ Time: _____

Medical History for Influenza Vaccine

1. Have you ever received the flu vaccine? Yes No
2. Have you ever had an allergic reaction (hives, shortness of breath, high fever or seizures) to the flu vaccine? Yes No
If yes, Describe symptoms
3. In the past have you ever had an allergic reaction to any vaccine? Yes No
4. Are you allergic to eggs? Yes No
5. Are you allergic to Thimerosal (a preservative in medicines)? Yes No
6. Are you sick today? Yes No
If yes, Describe symptoms
7. Do you have any cold or flu like symptoms today? Yes No
8. Are you pregnant? Yes No NA
9. Do you have a weakened immune system or do you take any medications which weaken the immune system (steroids, cancer drugs or drugs for HIV/AIDS)? Yes No
10. Have you ever been diagnosed with Guillain-Barre Syndrome (a type of paralysis)? Yes No

Please check if you have any of the following health conditions:

- | | |
|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Metabolic Disease such as Diabetes |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Anemia or other blood disorders |

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Please Read the Attached Vaccine Information Statement (VIS)

- I understand that if I receive the vaccine, there is no guarantee that I will not contract influenza.
- I have read or have had explained to me the information in the Vaccine Information Statement (VIS) about the vaccine.
- I understand and have read that there are risks, such as high fever, chills, or general flu-like symptoms which may occur as a result of the vaccination.
- I certify that this vaccine is administered at my request, and hereby release the County from any and all liability for any effect or side effects of the administration of the influenza vaccine.
- I, the undersigned, an employee of Montgomery County Government, hereby authorize Occupational Medical Services to administer the influenza 2023-2024 vaccine to me.

Employee Signature _____ Date _____

OMS/FROMS Office Use Only

Route of Administration: Intramuscular **Site of Injection:** Deltoid Left Right

Manufacturer: _____ **Lot #** _____ **Expiration Date:** _____ **Dose:** 0.5 ml

Signature and title of Nurse reviewing medical history and administering vaccine:

Signature Title Date

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.

