

**ARKANSAS ALLERGY & ASTHMA CLINIC, P.A.**  
**PATIENT INFORMED CONSENT FORM**



*Medical History:*

Can you eat eggs?  YES  NO

Have you had the seasonal flu vaccine before?  Yes  No If yes, did you have any problem from it?  Yes  No

For ages 6 months – 8 yrs: Have you received two doses of seasonal flu vaccine since July 2010?  Yes  No

**The Flu.** Influenza (flu) is a respiratory infection caused by viruses. When people get flu, they may have fever, chills, headaches, dry cough, or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes or heart, lung, or kidney diseases, flu may be especially serious.

**The Vaccine.** An injection of flu vaccine will not give you flu, because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the U.S. Public Health Service. The purpose of receiving influenza vaccine is to prevent you from becoming ill with influenza, to reduce the severity of influenza if you contract it, and to reduce the chance of transmitting influenza to close contacts.

**RISKS AND POSSIBLE SIDE REACTIONS:** Side effects of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, malaise, or muscular aches. These symptoms may last up to 48 hours. Allergic reactions may also occur.

A small number of persons who received the 1976 swine flu vaccine suffered paralysis called Guillain-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 5% of the cases, however, a permanent or even fatal form of paralysis may occur. In 1976 GBS appeared with excess frequency among persons who had received the 1976 Swine Influenza Vaccine. For the ten weeks following vaccination, the risk of GBS was found to be approximately ten cases for every one million persons vaccinated. This represented a five to six time's higher risk than in unvaccinated persons. Younger persons (under 25 years) had a lower risk than others and also had a lower case fatality rate.

Data on the occurrence of GBS have been collected during several influenza seasons since the surveillance began in 1978. In 1990-1991, although there was no overall increase in frequency of GBS among vaccine recipients, there may have been a small increase in GBS cases in vaccinated persons 18 – 64 years of age, but not in those aged above 65 years. In contrast to the swine influenza vaccine, the epidemiological features of the possible association of the 1990-1991 vaccine with GBS were not as convincing. The data suggests that, in contrast to the 1976 situation, there has not been a clearly associated increased risk of GBS in recipients of influenza vaccine compared to non-vaccines. Persons who receive influenza vaccine should be aware of the possible risk of GBS as compared with the risk of influenza and its complications. In addition, other neurological disorders have been reported in association with the administration of influenza vaccine.

**SPECIAL PRECAUTIONS:**

**Persons who are allergic to eggs, egg products, or to any component of the vaccine should not receive this vaccine until they have contacted their personal physician.**

Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past 14 days should contact their personal physician before receiving this vaccine.

If you have a reaction, contact your personal physician immediately. If you have any questions, please ask.

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**CONSENT**

**I HAVE READ THE ABOVE INFORMATION AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS. I UNDERSTAND THE BENEFITS AND RISKS OF FLU VACCINATION AS DESCRIBED. I REQUEST THAT THE VACCINE BE GIVEN TO ME OR TO THE PERSON NAMED BELOW FOR WHOM I AM AUTHORIZED TO SIGN.**

**INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE** Patient # \_\_\_\_\_

\_\_\_\_\_  
PATIENT NAME (Please Print)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AGE

\_\_\_\_\_  
Patient signature (if a minor Parent / Guardian signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AAAC Representative

\_\_\_\_\_  
Date

