

2015-2016 Patient Informed Consent Form

FLUZONE 0.25mL QUADRIVALENT INFLUENZA (FLU) VACCINE

Flu

Influenza (flu) is a respiratory disease caused by influenza virus infection. The types or strains of influenza virus causing illness may change from year to year, or even within the same year. Children who get flu may have fever, chills, headache, dry cough and muscle aches, and may be sick for several days to a week or more. Most children recover completely. However, for some children, flu may be especially severe, and pneumonia or other complications including death, may develop.

Flu Vaccine

Fluzone 0.25 mL inactivated preservative-free flu vaccine is indicated for children 6 through 35 months of age. The 2015-2016 flu vaccine contains killed influenza virus and provides protection against A/H1N1 A (H3N2), B (Phuket) and B (Brisbane) influenza strains. Those children who have not been previously vaccinated with a flu vaccine or vaccinated for the first time last season with only one dose should receive two 0.25 mL doses, one on day 1 followed by another 0.25 mL dose at least 1 month later. Children given 2 doses of any flu vaccine last season or at least one dose two or more years ago should receive only one 0.25 mL dose. This flu vaccine is latex-free.

Risks & Possible Side Effects

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, or possibly fever, chills, headache or muscle aches. These effects usually last 24 to 48 hours. Most people who receive the vaccine either have no or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, medical events completely unrelated to vaccine administration may occur coincidentally in the aftermath period following vaccination.

Unlike the 1976 swine influenza vaccine, flu vaccines used subsequently have not been clearly associated with an increased frequency of Guillain-Barre Syndrome, which is associated with paralysis.

Special Notice - Check with a physician if vaccination is being considered for:

1. Children under 6 months of age.
2. Children with severe hypersensitivity to egg proteins.
3. Children who are immunocompromised.
4. Children with a life-threatening reaction after previous administration of any influenza vaccine.
5. Children with a fever, acute respiratory or other active infections or illnesses.

If you have questions, please ask now or check with a physician or your health department before receiving the vaccine. If you experience any significant reactions, see your physician.

Date of Service:	_____
Dx:	V04.81
CPT Admin 90471	49 (w/counseling) 90460 \$54.00
CPT Injection 90685	33
Billed Amount	\$82.00

I have read the above information about influenza and influenza vaccine and I have had a chance to ask questions. I understand the benefits and risks of influenza vaccination and request that the vaccine be given to the person named below for whom I am authorized to sign.

Information - Person to Receive Vaccine			
Name (please print)		DOB	
Address	City	State	Zip
Signature (person receiving vaccine or Parent or Guardian)			