



### Influenza Consent 2009

I have read the Health and Home Care Society of BC Influenza (Flu) Fact Sheet. The nurse has reviewed the health questions with me. I have had a chance to ask questions and I understand the risks and benefits of influenza immunization including:

**Influenza (flu) is a serious disease.** It is caused by a virus that spreads easily and quickly from infected persons to the nose or throat of others through coughing and sneezing. Some people who get influenza develop serious complications including death. This vaccine does not protect against human cases of swine influenza A.

**Benefit: I understand that annual influenza immunization is the best way to prevent influenza and reduce the severity and complications of the illness.**

**I cannot receive the influenza immunization today if:**

- I have had an anaphylactic or serious allergic reaction to influenza vaccine, eggs or egg products, chicken or any flu vaccine component as outlined in the Health and Home Care Society of BC Influenza Fact Sheet 2009.
- I am ill today with a serious illness with a high fever.
- I had Guillain-Barré Syndrome (a serious, rare neurological disorder) within 8 weeks of receiving a flu vaccination.

**The side effects or risks of influenza immunization:**

- Most people have little or no reaction to influenza immunization as outlined in the Health and Home Care Society of BC Influenza (Flu) Fact Sheet 2009.
- Prolonged or serious reactions to an immunization need to be reported to my doctor.
- Anaphylaxis is a rare, but severe allergic reaction that can occur immediately or soon after I receive an immunization. It can cause hives, swelling of the tongue and lips or ***difficulty breathing. This is a serious medical emergency and must be treated immediately.*** I understand that I must stay in the area near the nurse for 15 minutes after the influenza immunization.

**Privacy:** The Health and Home Care Society of BC complies with privacy legislation. Your personal information will only be shared for the purposes of emergency treatment or reporting of adverse reactions to the vaccine.

**Acknowledgment and Waiver:** I waive any claim for damages that I (or anyone claiming on my behalf) may have against the Health and Home Care Society of BC and their directors, officers, employees and agents on account of injury or misfortune I may suffer as a result of this vaccination. I request to receive the influenza immunization.

NAME: First \_\_\_\_\_ Last name \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER Male Female

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ PHONE#: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_