

WHAT ARE THE RISKS OF THE INFLUENZA VACCINE? 2024-2025

As with any medicine, there are risks that may cause serious problems. The risk of a vaccine causing serious harm or death is extremely small. Serious problems from the flu vaccine are very rare. Almost all the people who get the influenza vaccine have no problems from it. The viruses in the vaccine have been killed, so you **cannot** get influenza from the vaccine. *As with any vaccine, Fluzone or Fluvirin may not be 100% effective for all individuals.*
Note: Unlike the 1976 swine flu vaccine, recent flu shots have **not** been clearly linked to the paralytic illness Guillain-Barre Syndrome (GBS).

If the following mild or moderate problems occur, they usually start soon after the vaccination and usually last up to 1-2 days.

- Soreness, redness, or swelling at the injection site.
- Fever or body aches.

DO NOT TAKE THIS VACCINE IF YOU HAVE:

- A serious allergic reaction or other problems after receiving a "flu" vaccine in the past
- Had Guillain-Barre Syndrome or had any other neurological weakness not associated with stroke or TIA
- Are or may be pregnant
- A moderate or severe illness now
- An allergy to Thimerosal a preservative primarily used in eye drops and contact lens solutions
- A serious allergy to latex rubber

WHAT TO DO IF THERE IS A SERIOUS REACTION:

- Call your doctor or go to an emergency room right away
- Write down what happened and the date and time it happened

DATE VACCINATED: _____

MFG: **Sanofi Pasteur: High Dose:** _____ / **Flublok:** _____

If you want to learn more, ask your doctor or nurse. She/He can give you the vaccine package insert or suggest other sources of information.

I have read or have had explained to me the information on this form about influenza and the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine, and I request that it be given to me or to the person named below for whom I am authorized to make the request.

INFORMATION ON THE PATIENT TO RECEIVE THE INFLUENZA VACCINATION: 2024-2025

NAME _____ BIRTHDATE _____
Last First Initial (mm/dd/yy)

PHONE # _____

SIGNATURE: _____

Person to receive the vaccine or (authorized person)

MEDICARE PATIENTS MUST SIGN PAYMENT AUTHORIZATION:

"I request that payment under the Medical Insurance Program be made to the provider named on any bills for the services furnished me during the effective period of the authorization and I authorize the above-named provider to release to the Social Security Administration or its intermediaries or carriers any information needed for this claim or any related Medicare claim. I further permit a copy of this authorization to be used in place of the original."

SIGNATURE: _____ DATE: _____
Patient or Authorized person

For office use only

Rogue Valley Physicians, PC

CLINIC LOCATION: SOIM INJECTION SITE: RD LD

MFG: Lot #: _____ High Dose / _____ Flublok INITIAL: _____

HIGH DOSE

FLUBLOK