Influenza Vaccine for Alivation Patients

The quadrivalent influenza vaccine is formulated each year to protect against the four influenza viruses that research indicates will be the most common. Possible side effects of the vaccine include soreness, redness and swelling at the injection site, low-grade fever and body aches. These side effects usually begin after receiving the vaccine and last one to two days. More serious reactions, such as difficulty breathing, facial swelling, hives and high fever, are rare and usually begin within a few minutes to a few hours after receiving the vaccine. If you experience any of these reactions, seek medical attention. Vaccine effectiveness, or its ability to prevent infection, varies by individual.

Do you have a primary care provider? Yes No

If no, would you like to establish a provider at Alivation? Yes No

If yes, would you like us to provide them with a record of your vaccination? Yes No

Provider Name/Facility: ______________________________

Address: ______________________________

Phone: ______________________ Fax: ______________________

Please answer the following questions:

Do you currently have a fever, acute respiratory disease and/or an active infection/illness?	☐ Yes	☐ No
Are you pregnant? Does your obstetrician recommend a flu vaccine during pregnancy?	☐ Yes	☐ No
Are you allergic to eggs?	☐ Yes	☐ No
Are you allergic to any vaccine component?	☐ Yes	☐ No
Are you sensitive to the preservative thimerosal?	☐ Yes	☐ No
Have you ever had Guillain-Barré Syndrome (GBS)?	☐ Yes	☐ No
Do you have an active neurological disorder?	☐ Yes	☐ No

Consent for vaccination:

I request that the vaccine listed be given to me and I received, or was offered, a copy of the Vaccine Information Statement. I understand the risks and benefits of the vaccine. I have had the opportunity to ask questions about the vaccine. I freely and voluntarily give my authorization for this vaccine.

Last Name	First Name	M.I.	Birth Date
Signature/Guardian of Person Receiving Vaccine		Date	

Nurse Use Only				
Date	Manufacturer	Lot Number	Site of Injection 0.5mL IM Deltoid R L	Signature