



4815 West Tilghman Street
Allentown, PA 18104
610-973-8400
www.WestfieldHospital.com

Inactivated Influenza Vaccine 2011-2012

PLEASE COMPLETE THE FOLLOWING:

CONSENT FOR FLU VACCINE

You are receiving the 2011-2012 influenza (flu) vaccine. The vaccine contains NO live virus, so it CANNOT cause the flu.

Possible side effects:

1. Most common – soreness at the vaccine site
2. Rare – fever, bodyache (usually gone in two days)
3. Extremely rare – allergic reactions ranging from hives to death

For minor problems (fever, achiness), take Tylenol. If you have any concerns, call us!

PLEASE CIRCLE THE CORRECT RESPONSE FOR YOU

I AM ALLERGIC TO CHICKEN EGGS	YES	NO
I HAD AN ALLERGIC REACTION TO A PAST FLU SHOT	YES	NO
I AM ALLERGIC TO THIMEROSOL (A PRESERVATIVE IN SOME MEDICATIONS)	YES	NO
I HAVE AN ACTIVE NERVOUS SYSTEM DISEASE	YES	NO
I HAVE A CURRENT ILLNESS WITH FEVER	YES	NO
I HAVE A CURRENT INFECTION with T 100.6 or higher	YES	NO
I HAVE A PAST HISTORY OF GUILLAIN-BARRE SYNDROME	YES	NO

I have read the CDC guidelines regarding the Inactivated Influenza Vaccine and have chosen to receive the vaccine.

Signature: _____ Date: _____

Printed Name of person receiving the vaccine: _____

Relationship to person receiving the vaccine _____

For clinical use only: Vaccination date: _____

Dosage Volume and Route: 0.5 ml IM Right Deltoid Left Deltoid

Manufacturer Glaxo Smith Kline Lot # AFLUA621AA Expiration Date: 6/23/2012

Administered by: Barb Davis RN Barb Gibson RN Heather Hebdon RN Jack Stakovich RN

Administered by: _____

Cost \$20.00 Cash - Paid _____ Initials of person receiving payment

**PATIENTS WITH INSURANCE REQUESTING INFLUENZA VACCINE MAY GO TO
TILGHMAN MEDICAL CENTER.**

Walk-ins accepted Monday to Friday 8 AM to 7 PM and Saturday / Sunday 8 AM to 3 PM