INFLUENZA VACCINATION INFORMED CONSENT AND DOCUMENTATION

Name of Resident: ________________________________

I hereby give the Community permission to administer an influenza vaccination annually. To the best of my knowledge, I have not had an anaphylactic* reaction to eggs, a sensitivity to thimerosal or allergy to sodium bisulfate.

I have been instructed that, as a result of this vaccine, I may experience some side effects such as: Slight discomfort; Soreness of the arm; Redness of the arm; Slight fever (occasionally); and Muscle aches (occasionally).

Date: ___________ Signature of Resident: ________________________________

Date: ___________ Witness Signature/Title: ________________________________

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I, ______________________, the Resident Representative for ______________________, give permission to the Community to administer the influenza vaccination annually. To the best of my knowledge, this resident has not had an anaphylactic* or allergic reaction to eggs or allergy to thimerosal or sodium bisulfate.

Date: ___________ Signature of Resident Representative: ____________________

Date: ___________ Signature of Witness: ________________________________

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DOCUMENTATION OF VACCINATION

Date vaccination given: ___________________________________________

Site of vaccination: _______________________________________________

Manufacturer and lot number: _______________________________________  

Administered by: _________________________________________________

Comments: _______________________________________________________

*An anaphylactic reaction is a severe and sometimes fatal allergic reaction, causing such symptoms as: severe difficulty in breathing; fainting; shock; severe hives or patches of fluid under the skin; and intense itching. It can be a life-threatening response to a drug and emergency medical assistance must be summoned immediately. Resources: U.S. Department of Health and Human Services Center for Disease Control and Prevention; call 1 (800) 232-7468 for more information, including reporting adverse reactions to vaccinations.