

# Frequently Asked Questions about the Flu Vaccine and Consent Form

## What should I know about the influenza vaccine?

- You **cannot** catch the flu from the influenza vaccine. Flu vaccines are made from influenza viruses that have been destroyed. This formulation has no preservatives.
- A new vaccine is developed each year to prevent new strains of flu. The **Quadrivalent** vaccine contains **four strains** recommended for the 2020-2021 season includes : A/Guangdong-Maonan/SWL1536/2019 CNIC-1909 (H1N1), A/HongKong/2671/2019 IRV-208 (H3N2), B/Phuket/3073/2013 (B Yamagata lineage) and B/Washington/02/2019 (B Victoria Lineage.)
- The vaccine begins providing protective effects after about one to two weeks.

## Who should receive the vaccine?

*Anyone who wants to lower their chances of getting the flu should be vaccinated.*

People in high risk groups who should receive the vaccine include:

- All children 6 to 23 months of age
- Persons 65 years or older
- Women who will be pregnant during flu season
- People who live or work in facilities in close proximity to many other people (nursing homes, dormitories, child care centers, schools, large companies, group homes, etc.)
- Persons with heart or lung disease who are at risk of severe flu illness
- People who have required regular medical care or were hospitalized during the previous year because of a metabolic disease (like diabetes), anemia, asthma, chronic kidney disease or a weakened immune system
- Physicians, nurses, etc. (including family members) who have extensive contact with high-risk patients

## Who should not receive the vaccine?

*Those people who should not receive the vaccine include:*

- People allergic to eggs, chicken or chicken feathers
- People who have had an allergic reaction to the flu vaccine in the past
- People who are ill and have a fever.
- Women who are or may be pregnant, without first consulting with their physician
- People who developed Guillain-Barre Syndrome (GBS) within 6 weeks of getting a flu vaccine previously (Currently there is no evidence that the flu vaccine increases the risk for GBS recurrence in people with prior GBS unrelated to influenza vaccination.)
- Children less than 6 months of age
- People allergic to thimerosal (a mercury-based preservative used in vaccines)

## What are the risks and side effects?

*Most people who receive the vaccine either have no, or only mild reactions. Your risk of injury or death from a rare allergic reaction is far less risky than complications brought on by influenza.*

- The worst side effect is likely to be a sore arm, lasting 1 to 2 days.
- In addition, rarer other types of systemic reactions to influenza vaccines have been described such as: fever (beginning 6 to 12 hours after injection and lasting 1 to 2 days), malaise, myalgias, and immediate allergic reaction. Over the counter medications should provide relief for most of these symptoms.

## Is the Flu Vaccine 100% Effective?

*No vaccine is 100% effective, but generally the flu shot protects most people.*

- Other viruses also circulate during flu season giving you symptoms that feel like flu. The flu shot will not protect you against those.
- A small percentage of people may get the flu even after receiving the vaccine. However, even if you do get the flu, you are likely to be far less sick than if you had not had a flu shot.

## Consent Form

### Office Use Only

Dosage .5 mL

Site L R *deltoid IM*

Administered by

/ /

Date

*Sanofi Pasteur  
Quadrivalent Fluzone*  
Manufacturer

Lot #

6 / 30 / 2021

Expiration Date

I have read the information on this Influenza Fact sheet and understand the benefits and risks of receiving the vaccination and request that the vaccine be administered to me or the person named below for whom I am authorized to sign.

Printed Name of Vaccine Recipient \_\_\_\_\_ / / \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of vaccine \_\_\_\_\_  
Social Security # \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature of Vaccine Recipient (or legal guardian if under 18) \_\_\_\_\_ Signature of Witness \_\_\_\_\_

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For further information, please see [www.cdc.gov](http://www.cdc.gov) or consult with your physician.