



INFLUENZA AND PNEUMONIA VACCINATION CONSENT FORM

INFORMATION ABOUT INFLUENZA VACCINE

Influenza (flu) is a respiratory disease caused by an influenza virus infection. Influenza usually comes on suddenly and may include these symptoms: fever, sore throat, headache, nasal congestion, tiredness, body aches (may last 3-5 days), and dry cough (may last 2 or more weeks).

FLU VACCINE

The vaccine will not give you flu because it is a killed virus vaccine. The types or strains of influenza virus causing illness may change from year to year. Therefore, the best protection against the disease is getting the vaccine. As with any vaccine, the flu shot may not protect you 100% of all susceptible individuals.

INFORMATION ABOUT PNEUMONIA VACCINE

Pneumonia is an inflammation of the lungs most often caused by infection with bacteria or a virus. Pneumonia can make it hard to breath because the lungs have to work harder to get enough oxygen into the bloodstream.

Symptoms of pneumonia caused by bacteria often begin suddenly and may follow an upper respiratory infection, such as influenza (flu) or a cold. Common symptoms include fever, a cough that often produces colored mucus (sputum) from the lungs, rapid or shallow breathing, confusion or delirium.

PNEUMONIA VACCINE

The Pneumonia vaccine is inactivated-bacteria. The vaccine is effective for disease caused by Streptococcus pneumonia.

RISKS AND SIDE EFFECTS AFTER RECEIVING AN INFLUENZA OR PNEUMONIA SHOT

Fever, malaise, myalgia, and other systemic symptoms can occur after vaccination. The reactions to the vaccine may be a sore or tender arm at the injection site. For any severe reaction such as hives, difficulty breathing, or wheezing, please contact your physician immediately or call 911 or go to the emergency room.

Contraindications for Influenza Vaccine

Vaccination is NOT recommended for:

1. People allergic to eggs or eggs products.
2. People sensitive to Thimerosal or Gentamicin.
3. People who have an active neurological disorder.
4. People with a moderate or severe illness and/or with/without fever.
5. People with a history of Guillain-Barré Syndrome (GBS).

Contraindications for Pneumococcal Vaccine

Vaccination is NOT recommended for:

1. People with moderate/severe illness, with/without fever
2. People who had anaphylactic reaction to a previous dose.
3. People who have allergy to Thimerosal.
4. Women who are pregnant, unless approve with a written permission from a physician.

If you have any of the above conditions, please notify your PHS nurse or your physician before receiving the vaccine.

VACCINE ADMINISTRATION AGREEMENT

I HAVE READ THE ABOVE INFORMATION ABOUT INFLUENZA AND PNEUMONIA AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS. I ALSO UNDERSTAND THE RISKS AND BENEFITS ASSOCIATED WITH THE VACCINE AND REQUEST PLEASANT HEALTH SERVICES NURSE TO ADMINISTER VACCINE TO ME AT THE TIME OF THE VACCINATION CLINIC. I AGREE TO WAIT 15-20 MINUTES AFTER RECEIVING THE VACCINE. IF YOU EXPERIENCE ANY SIGNIFICANT REACTIONS, SEE YOUR PHYSICIAN OR GO TO YOUR NEAREST HOSPITAL IMMEDIATELY.

To be completed by Vaccine Recipient

Name (first, last):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			
City/State/Zip:			
Telephone:	DOB: ___/___/___	Age: ___	Date: ___/___/20___
Signature:		Email:	

To be completed by PHS Healthcare Provider

Vaccine Name	Manufacturer	Lot #	Expiration date	Administered by	Payment method
Influenza (IM / Nasal): Deltoid: <input type="checkbox"/> L <input type="checkbox"/> R					<input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit card
Pneumococcal: Deltoid: <input type="checkbox"/> L <input type="checkbox"/> R					<input type="checkbox"/> Employer <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare B
Other: Deltoid: <input type="checkbox"/> L <input type="checkbox"/> R					\$ _____
Insurance (attach copy):		Policy #:		Medicare B #:	
Physician Name: Dr. Kaldun Nossuli, M.D.		Physician Signature: <i>Kaldun Nossuli</i>		Date: ___/___/___	

- For Payment Information-

[initial] _____ I understand, if the insurance carrier does not cover the cost of vaccination for whatever reason, it is the full responsibility of the employee/employer to pay for such vaccine as provided by Pleasant Health Services (PHS). It is also understood that if the vaccine recipient uses a different insurance carrier for which PHS is not a participant provider with, then it's the responsibility of the vaccine recipient to pay for the vaccine rendered to him/her. The cost of the vaccine will be determined by the current market price.