

INFLUENZA and PNEUMOCOCCAL 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 PNEUMONICA VACCINE

Pneumonia is an inflammation of the lungs most often caused by infection with bacteria or a virus. Pneumonia can make it hard to breathe 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 Pneumonica vaccine is inactivated-bacteria. The vaccine is effective for disease caused by Streptococcus pneumoniae.

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.

<p>Contraindications for Influenza Vaccine Vaccination is NOT recommended for:</p> <ol style="list-style-type: none"> 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 or without fever. 5. People with a history of Guillain-Barré Syndrome (GBS). 	<p>Contraindications for Pneumococcal Vaccine Vaccination is NOT recommended for:</p> <ol style="list-style-type: none"> 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.
<p>If you have any of the above conditions, please notify your PHS nurse or your physician.</p>	

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:			Please Select: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address:			Address 2:		
City:		State:		Zip:	
Telephone:			DOB: ___/___/___		Age: _____
Signature:			Date:		
To be completed by PHS Healthcare					
Vaccine Name	Manufacturer	Lot #	Expiration date	Administered by	Payment by
Influenza: Deltoid: <input type="checkbox"/> L <input type="checkbox"/> R					<input type="checkbox"/> Cash <input type="checkbox"/> Check
Pneumococcal: Deltoid: <input type="checkbox"/> L <input type="checkbox"/> R					<input type="checkbox"/> Credit card <input type="checkbox"/> Employer
Other: Deltoid: <input type="checkbox"/> L <input type="checkbox"/> R					\$ _____
- For billing information only -					
<p>The following information is provided on this sheet for those who would like to submit a claim to their private insurance company for reimbursement. Pleasant Healthcare Services is not responsible for submitting or assisting in insurance claims. Employer Tax ID: 37-1462397</p>					
Procedure Code Influenza Vaccine: 90659 Diagnosis Code Influenza Vaccine: V04.81			Procedure Code Pneumococcal Vaccine: 90732 Diagnosis Code Pneumococcal Vaccine: V03.82		