

## Influenza (Flu) Vaccine Information

### Flu

Influenza (Flu) is a respiratory disease caused by influenza virus infection. The types or strains of influenza virus causing illness may change from year to year or even with the same year. People who get flu may have fever, chills, headache, dry cough, and muscle aches and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe and pneumonia or other complications including death may occur.

### Flu Vaccination

The regular flu vaccine contains killed influenza virus types selected by the US Public Health Service and the Center for Biologics Evaluation & Research of the US Food and Drug Administration. The types of strains of virus included are those which have most recently been causing influenza. The vaccine will not give you flu because it is a killed virus vaccine.

### Risks & Possible Side Effects

Influenza vaccine generally causes only mild side effects that occur at a low frequency. Most commonly, the reactions may be sore or tender arm at the injection site or possibly fever, chills, headache, or muscle aches. These effects usually last 24-48 hours. Most people who receive the vaccine either have no or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic reaction or other serious reaction, or even death, could occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur coincidentally in the aftermath following vaccination. Unlike the 1976 swine influenza vaccine, flu vaccines used subsequently have not been clearly associated with increased frequency of Guillain-Barre Syndrome, which is associated with paralysis.

Special Note: Check with your physician if vaccination is being considered for any of the below:

1. Children under 3 years of age
2. Pregnant women
3. Allergic to eggs, chicken, or feathers
4. Sensitive to thimerosal
5. Any active neurologic disorder
6. If you have received any other type of vaccination during the past 14 days
7. Currently have fever, acute upper respiratory or other active infection or illness

If you have questions, please ask now or check with you local health department before receiving the vaccine. If you experience any significant reaction, please call your physician. I have had explained to me the information about influenza and influenza vaccine. I have had the chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks and that the vaccine be given to me or the person named below for whom I am authorized to make this request.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Pcp Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE-----Due to the recent Pandemic, we are trying to limit your exposure to the office as well as keeping our staff safe.**

**\*\*Please PARK, leaving your headlights on and angled where we can see you.**

**Call the office 817-283-2888 or Text us at info@netima.org with:**

**1. Your name and 'FluVax', and color of your car.**

We will have a staff member come to you asap to administer your flu vaccine and collect your Flu Consent form.