St. Joseph Health Outpatient Clinic
Influenza Vaccine Screening & Consent Form 2022-23

Information about person to receive vaccine:

Last Name:	First Name:	MI:
DOB:	Age:	

See reverse side for additional information regarding these questions

1. Did you receive the flu vaccine at a different facility last year? *If yes: Date:* *What facility?*	Yes or No
2. Have you ever had a serious reaction to the flu vaccine?	Yes or No
3. Do you have an allergy to an ingredient of the vaccine?	Yes or No
4. Have you ever been diagnosed with Guillain-Barre' syndrome?	Yes or No

CONSENT AND RELEASE FOR INFLUENZA VACCINE

I have read the information regarding the influenza immunization. I have had an opportunity to ask questions, and my questions have been answered to my satisfaction. I understand the benefits and risks of Influenza immunization as described.

I understand the risks and benefits of the flu vaccination and I give my consent to the medical staff of CHI St. Joseph Medical Group (SJMG) to give me (or my child) a flu vaccination.

_____ _____

Signature of vaccine recipient, parent of child, legal guardian Date

FOR CLINIC USE ONLY: **INFLUENZA**

Manufacturer:	Lot #: Injection site:
Expiration Date:	Date of vaccination:
Signature of vaccine administrator:	Title of vaccine administrator:

Information about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination (IIV or RIV)

1. **Did you receive the flu vaccine last year?**
   This question helps us keep our records up to date and assists us in determining the number of vaccines a child may need during the current flu season.
   If the patient indicates the flu vaccine was administered at another facility please verify it is documented in the chart.
2. **Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?**
   Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination against influenza. Do not give any egg-based IIV to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine (i.e., egg-based IIV, ccIIV, RIV, or LAIV). For ccIIV4, history of a
   severe allergic reaction (e.g., anaphylaxis) to any ccIIV or any component of ccIIV4 is a contraindication to future use of ccIIV4. For RIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV or any component of RIV4 is a contraindication to future use of RIV4.
   Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These local reactions are not a contraindication to future vaccination. These people can receive injectable vaccine without further evaluation.
   A history of a severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or RIV is a precaution to use of ccIIV4. A history of a severe allergic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV is a precaution to use of RIV4. Use of ccIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction.
3. **Do you have an allergy to a component of the vaccine?**
   All vaccines, including influenza vaccines, contain various components that might cause allergic reactions, including anaphylaxis. Not all such reactions are related to residual egg protein; however, the possibility of a reaction to influenza vaccines in egg-allergic people might be of concern to both these people and vaccine providers.
   An egg-free recombinant influenza vaccine (RIV4, Flublok; Sanofi Pasteur) is available for people age 18 years and older and an egg-free cell culture-based IIV (ccIIV4, Flucelvax; Seqirus) is approved for people age 6 months and older. ACIP does not state a preference for the use of RIV4 or ccIIV4 for people with egg allergy although some providers may choose to administer RIV4 or ccIIV4 to their patients with a history of severe egg allergy.
   Reviews of studies of egg-culture based IIV4 and live attenuated influenza vaccine (LAIV4) indicate that severe allergic reactions to egg-based influenza vaccines in people with egg allergy are unlikely. ACIP recommends that people with a history of egg allergy who have experienced only hives after exposure to egg may receive any recommended influenza vaccine (inactivated influenza vaccine [IIV4], RIV4, LAIV4) appropriate for their age and health status.
   In people with a history of severe egg allergy who report symptoms other than hives (e.g. angioedema, respiratory distress, recurrent vomiting) or who required emergent medical intervention (e.g., epinephrine) may also receive any recommended influenza vaccine appropriate for their age and health status. If a vaccine other than ccIIV4 or RIV4 is used, it should be administered in a medical setting (e.g., a hospital, clinic, health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope.
   Inactivated influenza vaccines provided in multidose vials contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines.
   Check the package insert at www.immunize.org/fda for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.fda.gov/vaccinesblood biologics/vaccines/vaccines-licensed-use-united-states.
   For the 2022–2023 influenza season, no vaccine or packaging contains latex.
4. **Has the person to be vaccinated ever had Guillain-Barré syndrome?**
   People who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. However, the benefits of influenza vaccination might outweigh the possible risks for certain people who have a history of GBS within 6 weeks after receipt of influenza vaccine and who are at higher risk for severe complications from influenza.