

University of California, Merced

Student Health Services

SEASONAL INFLUENZA IMMUNIZATION CONSENT

Check One

- ☐ Faculty
☐ Staff
☐ Student

COMPONENTS OF THE 2025-26 VACCINE:

The influenza vaccine protects you against three strains of influenza expected to be the most prevalent each year. The three component strains include: A/Victoria/4897/2022 IVR-238 (an A/Victoria/4897/2022 (H1N1)pdm09-like virus); A/Croatia/10136RV/2023 X-425A (an A/Croatia/10136RV/2023 (H3N2)-like virus); and B/Austria/1359417/2021 BVR-26 (a B/Austria/1359417/2021-like virus). The vaccine is preservative free, latex free and does not contain Thimerosal or mercury.

POSSIBLE SIDE EFFECTS:

Most people have no side effects from the flu shot. The most common reaction is soreness at the injection site for a day or two. Occasionally, persons may experience a fever or muscle aches for one or two days. As with any drug or vaccine there is a slight possibility that an allergic reaction, or even death, could occur. **THE VACCINE CANNOT CAUSE INFLUENZA. RESPIRATORY ILLNESS AFTER VACCINATION IS COINCIDENTAL AND UNRELATED TO THE VACCINE.**

DO NOT TAKE THE FLU SHOT IF:

- You have ever had a serious reaction to the flu shot.
- You have a fever (delay the shot until the fever is gone).

CHECK WITH YOUR PHYSICIAN BEFORE TAKING THE SHOT IF:

- You have ever had Guillain-Barre Syndrome.
- You are Pregnant.

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT CLEARLY)		
Last Name:	First:	MI:
Current Address:		
City:	State:	Zip:
Date of Birth:	Age:	Sex:
Student/Employee ID:	Local Phone: ()	

QUESTIONS: If you have any questions about influenza or influenza vaccine, ask now or call your physician before requesting the vaccine. **CHECK each of the following questions:**

- | | | |
|-----------|----------|--|
| YES _____ | NO _____ | 1. Have you ever had a serious reaction to a flu shot? |
| YES _____ | NO _____ | 2. Are you sick with a fever today? |
| YES _____ | NO _____ | 3. Are you taking antibiotics? |
| YES _____ | NO _____ | 4. Are you pregnant? |
| YES _____ | NO _____ | 5. Have you ever had Guillain-Barre Syndrome? |

I HAVE READ OR HAD EXPLAINED TO ME, THE VACCINE INFORMATION SHEET (VIS) ABOUT THE INFLUENZA VACCINE. I HAVE HAD A CHANCE TO ASK QUESTIONS WHICH WERE ANSWERED TO MY SATISFACTION AND I UNDERSTAND THE BENEFITS AND RISKS OF THE VACCINATION AS DESCRIBED. I REQUEST THAT THE INFLUENZA VACCINE BE GIVEN TO ME.

SIGNATURE OF RECIPIENT/GUARDIAN

DATE

OFFICE USE ONLY	
DATE VACCINATED:	SITE OF INJECTION: 0.5 mL DELTOID R / L (circle side)
MANUFACTURER:	LOT NUMBER:
EXPIRATION DATE:	
VIS GIVEN: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PUBLICATION DATE OF VIS: 01/31/2025
VACCINE ADMINISTERED BY:	TITLE: