

COMPONENTS OF THE 2024-25 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/Thailand/8/2022 IVR-237 (an A/Thailand/8/2022 (H3N2)-like virus); 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: 08/06/2021
VACCINE ADMINISTERED BY:	TITLE: