

Jefferson Primary Care
121 West 3rd Ave.
Ranson, WV 25438
(304)724-7200

INFLUENZA VACCINE CONSENT FORM

Influenza (FLU) is a viral infection, which causes fever, sore throat, dry cough, sore muscles and nausea. It can lead to dehydration and pneumonia in more serious cases.

The flu vaccine reduces your chances of acquiring the influenza virus.

The most frequent side effects of the shot include:
Soreness around injection site for a few days, low grade fever, and muscle soreness.

Allergic reactions such as hives, shortness of breath, or systemic anaphylaxis rarely occurs.

The flu shot should not be given if you have a history of an allergic reaction to the flu shot or eggs. It should not be given if you have a fever. If you are pregnant, we will want you to check with your obstetrician before we will give you the vaccine.

I understand that the influenza vaccine is being offered to individuals who wish to reduce their risk of acquiring the influenza (flu) virus. I understand the risks and benefits of the vaccine. **I also understand that if for any reason my insurance does not cover this shot I will be responsible to pay for it in full.**

Patient Name (print): _____ Date: _____

Patient Signature: _____

Lot #: _____ Exp Date: _____

Does: _____ Injection Site: _____ Temp: _____

Nurse: _____ Date: _____