

Internal Medicine of Arizona

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Name: _____ Date of Birth _____ HIGH DOSE _____ STANDARD DOSE _____

Are you allergic or hypersensitive to eggs? _____

Have you ever had Guillain Barre Syndrome? _____

Risks and Precautions

I understand that:

- 1) The flu vaccine is not effective against all possible strains of influenza.
- 2) The flu vaccine should not be give to people with allergy or hypersensitivity to eggs.
- 3) Possible side effects include, but are not limited to:
 - Soreness around the site of the injection
 - Fever, malaise or myalgia
 - Allergic reaction, including hives, allergic asthma, systemic anaphylaxis (hypersensitivity)
 - Angioedema (swollen areas of skin or mucous membranes)
 - Guillain Barre Syndrome (GBS) and other neurological disorders such as encephalopathy. (GBS is an uncommon illness characterized by a paralysis that begins in the hands and feet and moves up the body. A small number of persons who received the 1976 Swine Flu vaccine suffered GBS, and it was found that the risk of GBS was approximately 10 cases for every one million persons vaccinated. This represents five to six times higher risk than in unvaccinated persons. Subsequent vaccines prepared from other virus strains have not been clearly associated with an increased frequency in GBS. There may have been a small increase in vaccine related GBS cases in 1990-91. It is difficult to make a precise estimate of risk for a rare condition such as GBS, but you should be aware of the possible risk.
- 4) **Persons who have had GBS should not receive this vaccine.**
- 5) **Persons who are allergic to eggs should not receive this vaccine.**
- 6) **Persons with fever should not receive this vaccine.**
- 7) **Persons who have received another type of vaccination in the last 4 weeks should consult their physician before receiving this vaccine.**

I hereby request that a Flu Vaccine be given to me by Internal Medicine of Arizona, and I hereby release and hold harmless Internal Medicine of Arizona, its members, affiliates, employees, agents, representatives, successors, and assigns from all damages and injuries which may occur as a result of the administration of the Flu Vaccine. The responsibility for initiating any follow up care lies with me as the person responsible for my own health and not with Internal Medicine of Arizona. If I have a reaction to the vaccination, I should consult my physician.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS:

Signature (Patient/Legal Guardian)

Date

FLU VACCINE ADMINISTRATION

Date: _____ Time: _____ Site: LA RA

Administered by:

___ Dr. Kuhl ___ Dr. Nebelsieck ___ Dr. Johns ___ Dr. Lieberman ___ Dr. O'Malley ___ Dr. Andresen ___ Rebecca Rowen, PA-C

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