

**Yuba Community College Health Center  
Inactivated Influenza Vaccine Consent Form**

**Important Information**

**Influenza** is a highly contagious respiratory virus that affects all age groups. The usual symptoms are fever, cough, chills, sore throat, headache, and muscle aches. The “influenza season” is from November to April, so the best time to receive the vaccine is in October and November. Influenza viruses change often, so the vaccine is re-formulated annually to make it as effective as possible. Protection develops about two weeks after getting a shot and lasts about one year. An influenza vaccine cannot provide protection from other viruses such as the common cold. Every time you receive an influenza injection it only prevents the particular strain(s) of influenza predicted for that year.

**INDICATIONS:**

To produce short-term immunity against current strains of influenza.

**CONTRAINDICATIONS:** (Do not take the vaccine if one or more of these conditions exist)

1. Moderate to severe acute illness
2. Allergy to eggs, Thimerosal, or previous dose of Influenza vaccine
3. Active neurologic disorders or prior Guillain-Barré Syndrome

**ADVERSE REACTIONS:**

1. Soreness at injection site that may last 1-2 days.
2. Immediate allergic reactions rarely occur.
3. Fever, malaise, myalgia, and headache occur infrequently 6-12 hours after vaccination and can persist 1-2 days. Please note that this vaccine is made of killed virus so it will not cause influenza. This reaction is related to your body’s immune response and the process of building antibodies.
4. Some neurological disorders have occurred with influenza vaccine, but the predicted risk is one or two in one million cases.

I have read the above information and have had an opportunity to ask questions. I have read the Vaccine Information Statement “Inactivated Influenza Vaccine What You Need to Know” (5/24/04), by the CDC. I understand the risks and benefits of the vaccine, and consent to vaccination with Influenza vaccine. I agree to stay in Student Health for 20 minutes following my injection. I agree to hold Yuba College Health Center and all of its employees harmless should an unforeseen or untoward event occur. It is my intention by this instrument to exempt and relieve Yuba College Board of Directors, its instructors, agents or employees from liability for personal or bodily injury, or wrongful death caused from the administration of the inactivated influenza vaccine. I hereby CONSENT to receive this vaccine.

Signature	Date
Signature of parent or guardian (if student is under age18)	Date
Witness	Date

Resource: With permission from FAO