

**Sandia National Laboratories**Operated for the U.S. Department of Energy by
Sandia CorporationP.O. Box 5800
Albuquerque, NM 87185-1019**INFLUENZA VIRUS VACCINE CONSENT****Important Information about Influenza Virus**

Influenza is an acute, highly contagious respiratory disease. It is characterized by abrupt onset of fever, muscle aches, sore throat, and unproductive cough. Individuals are most infectious 1-2 days before symptoms occur to 4-5 days after onset. The vaccine we are providing contains noninfectious (*inactivated*) virus and cannot cause influenza; respiratory disease after vaccination is coincidental and unrelated to the vaccination. Protection from disease is limited to those strains from which the vaccine is prepared.*

I request the Health Services Center of Sandia National Laboratories administer the Influenza Virus Vaccine to me. I understand the Influenza Virus Vaccine is *not to be administered* to individuals who have a history of hypersensitivity (allergy) to:

- Eggs or egg products
- Thimerosal (A mercury derivative used as a preservative)
- Serious allergic reaction to a previous dose of influenza vaccine
- History of Guillain-Barré Syndrome (this is a rare neuro-muscular syndrome characterized by progressive ascending paralysis)

If you are pregnant, you must have a written order from your obstetric practitioner or the nurse must call for verbal permission prior to you receiving this vaccine!

Obstetric practitioner (name) _____

Nurse (signature) _____ Date order received _____

The Center for Disease Control and Prevention's Influenza vaccine information statement (VIS) 8/11/2009 has been reviewed and provided to me.

I have read and fully understand the above information. I further understand there is risk of developing an adverse reaction to *any* medication. A previous uneventful administration does *not* preclude this possibility. I hereby release Sandia National Laboratories from any liability for any reaction that may result from said immunization. My signature indicates this understanding and my consent to its administration.

Signature: _____ **Date:** _____**Print Name:** _____*The strains covered this year are: **A/Brisbane/59/2007, A/Uruguay/716/2007 and B/Brisbane/60/2008.****FOR HEALTH SERVICES USE**

Manufacturer: Sanofi Pasteur . Lot Number: U3203AA Exp. date: 6/30/2010

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Administered by: _____