

**FLU VACCINATION**  
**No Cost with Medicare Part B**  
**Others- \$20.00**  
**GERO PARK**  
**White Oak Ridge Road, Short Hills**

**SPONSORED BY LIVINGSTON/MILLBURN DEPT. OF HEALTH, NURSING/EDUCATION DIVISION**  
**(973)-535-7961 ext. 227 or 228**

**THE DISEASE:** Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days or a week or more and complete recovery is usual. However, complications may lead to pneumonia or death in some people. It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes or heart, lung, or kidney diseases, flu may be especially serious.

**RISKS AND POSSIBLE SIDE EFFECTS:** Side effects of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches, or muscular aches. These symptoms may last up to forty-eight hours. This vaccine is propagated in eggs. Individuals with known or suspected hypersensitivity to eggs, chicken, or chicken feathers should not be vaccinated. Guillain-Barre' Syndrome (GBS), a usually self-limited, completely reversible form of ascending paralysis. While the risk of GBS is extremely low, 5% to 10% of people who develop GBS may die as a consequence. Risk of death from GBS in people of all ages who received influenza virus vaccine is approximately one in two million. For the elderly and chronically ill the risk is one in every million persons. The flu vaccine being administered is **Fluzone Quadrivalent Lot# U7012AA-Sanofi Pasteur, INC.**

**PLEASE ANSWER ALL OF THE QUESTIONS**

1. Is the person to be vaccinated sick today?  
                                   Yes                                  No                                  Not Sure
  
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?  
 (other components: Formaldehyde)  
                                   Yes                                  No                                  Not Sure
  
3. Has the person to be vaccinated ever had Guillain Barre Syndrome in the past?  
                                   Yes                                  No                                  Not Sure
  
4. Any reaction to a previous flu vaccine in the past?  
                                   Yes                                  No                                  Not Sure

**\*\*PLEASE BRING THIS CONSENT PORTION OF THE FORM WHEN YOU ATTEND THE CLINIC\*\***

I have read the above information & publication dated 8/15/2019 and have had an opportunity to ask questions. I understand the benefits and risks of flu vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. My signature authorizes the release of medical information to Medicare or its agents for determining payment.

**INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE**

<b>Name (Please Print)</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Phone</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Signature** of person to receive vaccine (or parent/guardian) \_\_\_\_\_

**PRIMARY MEDICARE NUMBER:** \_\_\_\_\_