



Mary Baldwin Health Center
Blakely House
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Staunton, VA 24401
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Inactivated Influenza Vaccine Consent Form
(Seasonal Vaccine for 2016-2017)

The influenza vaccines are updated each year. The 2016 – 2017 Quadrivalent vaccine contains Types A and B virus subtypes Annual vaccination is recommended It takes up to 2 weeks for protection to develop after vaccination Some inactivated influenza vaccine contains Thimerosal, a preservative that contains mercury Possible side effects of receiving the vaccine include fever, headache, muscle aches which may begin 6 to 12 hours after vaccination and lasting 1 to 2 days One third of persons receiving the vaccine may experience redness, swelling and warmth at the site of the injection Soreness may last up to 2 days Tylenol and cold compresses usually relieve the discomfort

You should not take the vaccine or take only under the advice and supervision of your physician if

- Allergic to eggs
Allergic to Aminoglycoside antibiotics such as Neomycin or Gentamicin
Allergic to Thimerosal (a mercury derivative preservative)
History of Guillain-Barre' Syndrome (a severe paralytic illness)
If you have a fever, cold or other illness

I was given a copy of the Vaccine Information Statement for Inactivated Influenza Vaccine I understand the benefits and risks of the vaccination and voluntarily authorize the staff of Augusta Health to administer the vaccine I release Augusta Health and its employees from any liability as a result of receiving the vaccine

Code of Virginia 32.1-54.1-A -- Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses

Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the patient whose body fluids are involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure

Printed Name of Person to Receive the Vaccine Signature of Person/Parent/Guardian Date SS #

[] MBU Faculty/Staff [] MBU Student

Mfg /Lot # Exp Date [] Left Deltoid [] Right Deltoid
(Preservative free and contains no natural rubber latex)

Signature of HCP Date