



Place sticker:

Name: \_\_\_\_\_

Student UIN: \_\_\_\_\_

State Employee SSN\* (last 4 digits only): XXX - XX - \_\_\_\_\_

DOB \_\_\_\_\_

Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current medications**

Please list your current medication. Include prescription medication and over the counter medications/drugs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical history**

I am not pregnant or breastfeeding (if yes, LAIV contraindicated, TIV recommended).

I am not allergic to Thimerosal.

I do not have an acute illness or infection.

I am not allergic to egg or latex.

I do not have Guillain-Barre syndrome.

**Allergies**

Please list any allergies that you may have:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\* With respect to your social security number, note the following. The provision of a flu shot is a gratuitous one being made available to you by your employer. These digits, along with the other information on this form, will be used to facilitate prompt payment to the health care provider and in any other manner consistent with HIPAA, state and federal statute and regulations. Information will be kept confidential as required by HIPAA and all other state and federal statutes and regulations.*

The clinic may keep this record in your medical file. They will record what vaccine was given and the date administered, the name of the company that made the vaccine and the lot number, the signature and title of the person who administered the vaccine and the location where the vaccine was given.

"I have read or have had explained to me information provided by Health Services regarding influenza and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits as well as the risks of the influenza vaccine, and have given permission to have the vaccine administered to me."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HEALTH SERVICES USE ONLY**

Staff / Faculty  Student  ~~IL State Employee / Retirees~~  Other: \_\_\_\_\_

Payment:  Cash \$ N/A  Check \$ N/A Check # N/A  ~~Bill Student Account~~  Bill State of IL

Site Location: **UIS** \_\_\_\_\_ Clinic \_\_\_\_\_ Satellite \_\_\_\_\_

VIS form given:  Yes  No VIS form date: 08 / 06 / 2021 VIS given by: LT attached to this form

**Influenza Administration**

Has advice been given about the requirements for 1 dose (a full course)?  Yes  No

Has patient been advised of side effects (inflammation at vaccine site and slight malaise for a day or two)?  Yes  No

Seqirus-Influenza Vaccine  
 1. Name of vaccine: Afluria Quadrivalent  Lot number: P100363319 / P100369746 / P100362827 Expiration date: 06 / 30 / 2022

Route:  IM Site of vaccination:  RT deltoid  LT deltoid Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

**Influenza vaccine** can prevent **influenza (flu)**.

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

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## 4. Risks of a vaccine reaction

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- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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## 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

