

# 2018-19 Influenza Vaccine Consent Form (Pregnancy)

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UpToDate Healthcare for Women is committed to healthy mom, babies and families. We are pleased to offer preservative-free flu vaccine to protect pregnant moms and their babies. To keep our community safe from flu, we urge all families to consider getting the Influenza vaccine this season. Vaccination is by appointment only. To schedule an appointment, please call (847) 466-7260.

American College of Obstetricians and Gynecologists advises all pregnant women to get the Flu Vaccine: <http://www.acog.org/About-ACOG/News-Room/News-Releases/2014/All-Pregnant-Women-Should-Get-Flu-Vaccine-Says-ACOG>.

The Centers for Disease Control and Prevention (CDC) Guidelines for the 2018-2019 Flu season are posted at <http://www.cdc.gov/flu/protect/whoshouldvax.htm>.

Before Your Visit: Please download and print this Form. Please review the **Vaccine Information Sheet (VIS) \*\*\* published Dated 08.07.2015** by the Centers of Disease Control at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>. A copy will also be provided for you to review at our office and before the vaccine is administered.

**Please complete the consent form. You must bring a completed and signed form to receive the Flu Vaccine.**

## Section I: Information about the Person Receiving the Vaccine

Name: \_\_\_\_\_, DOB \_\_\_\_\_

Pregnant:  No  Yes. If yes, EDD Expected Date of Delivery \_\_\_\_\_ OBGYN Dr. Samreen Akbar

## Section II: Screening for Vaccine Eligibility

The following questions will help guide us about whether you can receive the 2018-2019 influenza vaccine. Please mark YES or NO for each question. If you answer "NO" to all the 7 questions, you can probably get the influenza vaccine. If you answer "YES" to one or more of the 7 questions, you should discuss your options with your obstetrician.

1. Have you had fever or been sick during the last seven days?  No  Yes
2. Do you have a serious allergy to eggs?  No  Yes
3. Do you have any allergies to the following: (check)  No  Yes (  Gelatin  Polymixin  Gentamycin  Neomycin)
4. Do you have any other serious allergies?  No  Yes
5. Have you had a serious reaction to a previous dose of the flu vaccine?  No  Yes
6. Acquired Guillain-Barre' Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?  No  Yes
7. If Pregnant, have you experienced any problems with your pregnancy  No  Yes. If yes, please describe below:  
\_\_\_\_\_

## Section III: Consent & Permission to Release Information

I have read the Vaccine Information Statement published by the US Centers for Disease Control and Prevention for the Influenza vaccine, had my questions answered, and understand the risk and benefits. I give consent to UpToDate Healthcare for Women and its Staff to be vaccinated with the 2018-19 Influenza vaccine (inactivated, preservative-free). I have read the notice for consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations and give consent for release of data from the vaccination record for reporting to the CDC, administrative purposes, and, for community health improvement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: MM/DD/YYYY

Manufacturer	Vaccine NDC: 58160-898-52	(VIS) ***	Route	Lot No.	Admin Date	Administrating Staff
GlaxoSmithKline	Fluarix Quadrivalent (PFS)	8.7.2015	IM	4ZY53		Melissa N. Voorhees Loretta L. Gracia