North Country Primary Care
Littleton Regional Healthcare
600 St Johnsbury Road
Littleton, NH 03561
603.444.7070

2021-2022 Inactivated Influenza Vaccination Consent

Age: 6 months through 18 years

Fluarix quadrivalent vaccine is the seasonal influenza vaccine North Country Primary Care is using for the 2021-2022 season.

Please read and answer the following questions:

1.	Have you ever had an allergic reaction to eggs, egg products or chicken protein?	Yes	No
2.	Have you had a diagnosis of Guillain–Barré Syndrome? (If yes, please obtain a note from your provider before receiving vaccine)	Yes	No
3.	Have you ever had a reaction to the flu vaccine?	Yes	No
4.	Is the person to be vaccinated sick today?	Yes	No

If you are pregnant, please note that while the CDC ***strongly*** recommends that all pregnant women and those who will become pregnant this flu season receive the influenza vaccine, please be advised that the Fluarix vaccine is a **Pregnancy Category B**. (Category B means EITHER animal studies have revealed no evidence of harm to the fetus, however, there are no adequate and well-controlled studies in pregnant women, OR animal studies have shown an adverse effect, but adequate and well-controlled studies in pregnant women have failed to demonstrate a risk to the fetus in any trimester.) The CDC has stated that due to the increased risk of complications and deaths associated with pregnancy and influenza, the benefit of receiving the vaccine outweighs the risk. Pregnancy Registry: GlaxoSmithKline maintains a surveillance registry to collect data on pregnancy outcomes and newborn health status outcomes following vaccination with FLUARIX during pregnancy. Women who receive FLUARIX during pregnancy should be encouraged to contact GlaxoSmithKline directly or their healthcare provider should contact GlaxoSmithKline by calling 1-888-452-9622.

I have received and reviewed a copy of the 2021-2022 Inactivated Vaccine *"WHAT YOU NEED TO KNOW"* Vaccine Information Statement dated 08/06/2021. Any questions I have regarding this vaccine have been answered and I would like to receive the Influenza Vaccine today.

_____ _____ _____
PRINTED NAME (First, Middle, Last) SIGNATURE DATE

_____ _____
DATE OF BIRTH PHONE NO.

FOR CLINICAL PURPOSES ONLY				
VACCINE:	**MANUFACTURER**:		**LOT #:**	**EXP. DATE:**
DOSE:	**ROUTE:** IM	**INJECTION SITE:**	LEFT DELTOID RIGHT DELTOID LEFT THIGH RIGHT THIGH	
_____ Signature of Clinical Staff giving vaccination		_____ Date	_____ AM / PM Time	