



Pearl W. Yee, M.D. Inc.

*Obstetrics • Gynecology • Medical Aesthetics • Menopause • Prevention of Hereditary Cancer
Minimally Invasive and Robotic Gynecological Surgery*

Patient Consent for Flu Vaccine

The inactivated influenza vaccine is recommended for all pregnant women. The vaccine used for pregnant women is the preservative-free inactivated or killed virus given by intramuscular injection only. The regular flu vaccine contains thimersol, a preservative that contains mercury. Thimersol has been removed by purification with only trace amounts in the vaccine used for pregnant women.

The influenza virus spreads from infected persons to the nose or throat of others. Influenza vaccine can prevent the flu but not flu-like illness caused by other viruses. Influenza viruses constantly change, so vaccines are updated every year and annual vaccination is recommended. Protection is developed approximately 2 weeks after vaccination and recommended in October or November if possible for a maximum time period of coverage. The latest date of vaccination is usually end of February, but varies each year.

The influenza vaccine is not recommended for patients: with severe allergies to the vaccine, a history of Gulliaian-Barré syndrome or are moderately ill at the time vaccination.

Individuals with a mild illness can usually receive the vaccine. The risk of a serious reaction to the flu vaccine is very rare, and mild problems include: soreness redness or swelling at the site of the injection or fever and aches; which usually resolves in one to two days. For more information, you can contact the Center for Disease Control and Prevention at 800-232-4636 or the website www.CDC.gov/flu. Severe egg allergy is no longer a contraindication to the influenza vaccination, although egg-allergic patients must get the inactivated shot because that is what has been studied. The new intradermal influenza vaccine, with its microinjector apparatus and ultrafine needle, is an option for adults aged 18 through 64 years. Everyone over 6 months old should be vaccinated for flu.

I have read the above information regarding the flu vaccine and confirm that I do not have any: severe or life-threatening allergies to eggs or the vaccine, fever, or history of Guillain-Barré syndrome.

_____ **I agree to vaccination as recommended by my physician, CDC and ACOG.**

_____ **I decline the flu vaccination.**

Patient Signature X _____ **Date:** _____

Printed name: _____ **DOB:** _____

For Office documentation only:

Vaccine manufacturer: Sanofi Pasteur/Novartis Exp date (clear/shaken/1cc syr): _____

Date vaccinated: _____ Lot# (25 gauge/ prefilled 0.5cc): _____

Site of IM injection: [left / right] deltoid Administered by: _____/ Dr. P Yee

Patient information and consent form: Flu vaccination/Pearl W. Yee M.D. Inc. update 12.2012