

# FluZone® Shot Record

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Received one dose of Inactivated Influenza Vaccine (TIV)

On \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Attending Physician



Texas Department of State Health Services  
**Addendum to 2010-2011 Inactivated Influenza Vaccine  
 Vaccine Information Statement**

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
3. I know the risks of the disease this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.
7. I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given:     Inactivated Influenza Vaccine

**\*STATEMENT: I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits to the party who accepts assignment.**

Provider Identification Number: \_\_\_\_\_

Medicare Health Insurance Claim Number: \_\_\_\_\_

Information about person to receive vaccine (Please print)						For Clinic/Office Use	
Name: Last	First	Middle Initial	Birthdate (mm/dd/yy)	Sex (circle one)		Clinic/Office Address:	
				M	F		
Address: Street	City	County	State	Zip		Vaccine Manufacturer:	
			<b>TX</b>			Vaccine Lot Number:	
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):  X _____ Date _____  X _____ Date _____ Witness						Site of Injection:	
						Signature of Vaccine Administrator:	
						Title of Vaccine Administrator:	

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

Notice: Alterations or changes to this publication is prohibited without the express written consent of the Texas Department of State Health Services, Immunization Branch.

**Instructions: File this consent statement in the patient's chart.**

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo.) (day) (yr.)

## Screening Questionnaire for Inactivated Injectable Influenza Vaccination

**For adult patients as well as parents of children to be vaccinated:** The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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# Information for Health Professionals about the Screening Questionnaire for Inactivated Injectable Influenza Vaccination

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the sources listed at the bottom of this page.

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## **1. Is the person to be vaccinated sick today?**

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

## **2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?**

Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although current influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have severe egg allergy. If a person can eat eggs, they can receive inactivated influenza vaccine. However, persons who have experienced an anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a physician for appropriate evaluation to help determine if vaccine should be administered. Persons who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine. Consultation with a physician should be considered. Protocols have been published for safely administering influenza vaccine to persons with egg allergies (see source 3).

Fluzone (sanofi pasteur) contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication. Some inactivated influenza vaccines contain thimerosal as a preservative. Most persons who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at [www.immunize.org/packageinserts](http://www.immunize.org/packageinserts) for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

## **3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?**

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these persons can receive injectable vaccine without further evaluation.

## **4. Has the person to be vaccinated ever had Guillain-Barré syndrome?**

It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications (see source 3) but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

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### Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, at [www.cdc.gov/vaccines/pubs/pinkbook](http://www.cdc.gov/vaccines/pubs/pinkbook).
2. CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).
3. CDC. "Prevention and Control of Influenza—Recommendations of ACIP" at [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).