

INACTIVATED INFLUENZA VACCINATION CONSENT FOR 2024-2025, Flucelvax Trivalent**Please Print: Complete all information.**

Name _____ Birthdate _____ UR ID _____

Local Mailing Address _____ Street _____ Phone #: _____

_____ City _____ State _____ Zip Code _____

☐ U of R student ☐ Faculty/Staff (Specify Department) _____ ☐ Other: _____**URMC employees must register vaccination in FluSource and send OEM a copy of this form.****INSURANCE INFORMATION: (mark one box)**☐ UR Student Health Insurance Plan (Aetna)**If you are covered under the UR Student Health Insurance Plan you do not need to enter your subscriber information.**☐ Aetna ☐ BCBS/Excellus ☐ MVP ☐ Other (specify) _____Insurance ID # or Contract #: _____ **Please include copy of insurance card****Subscriber:** _____ **Subscriber Date of Birth:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: If you respond "YES" to any of the following, you must consult with a health care provider before receiving flu vaccine. Vaccination may not be safe.	YES	NO
• Are you under the age of 18? (If under age 18, your parent or guardian needs to sign this form.)		
• Are you allergic to eggs? (Most can receive this vaccine safely. Have reviewed for approval.)		
• Have you ever been diagnosed with Guillain-Barre syndrome or a bleeding disorder?		
• Are you currently ill with a fever $\geq 101^{\circ}$ F		
• Do you have a history of severe allergy to a previous dose of influenza vaccine?		
• Are you currently or possibly pregnant? (See 2, below)		

- Influenza (flu) vaccine may prevent or lessen the severity of influenza disease and is recommended for everyone over 6 months of age.
- Women who will be pregnant during the influenza season should be vaccinated during any trimester. Those who are pregnant should receive thimerosal-free vaccine. This vaccine is thimerosal-free.
- Annual vaccination is important since the vaccine composition changes to address the changing nature of flu viruses.

**Flucelvax Trivalent Vaccine
Virus Strains for 2024-2025**

- INFLUENZA A VIRUS A/GEORGIA/12/2022 CVR-167 (H1N1)
- INFLUENZA A VIRUS A/SYDNEY/1304/2022 (H3N2)
- INFLUENZA B VIRUS B/SINGAPORE/WUH4618/2021

- Most people have no side effects. When they occur, the most common are local pain or redness, low-grade fever, muscle aches, and/or a tired feeling for one or two days.

I have read this form completely and have had the opportunity to ask questions. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me. I will advise my primary healthcare provider of my vaccination. I understand that if I have any adverse reaction or have a question about this vaccination, I will call UHS @ 585-275-2662.

SIGNATURE: _____ **Date** _____**PARENT/GUARDIAN SIGNATURE:** _____ **Date** _____**If under age 18, your parent or guardian must sign this form. Bring the signed form when you come to receive flu vaccine.****For Vaccinator Use Only:**Flu vaccine 0.5 ml IM given by _____ **Date** _____Site: ☐ Rt Deltoid ☐ Lt Deltoid Mfg: Seqirus Lot#: 388519 Exp. Date 6/6/2025**For UHS use
only**