

**Wegmans Pharmacy Informed Consent/Screening Questionnaire to Receive Inactivated Injectable Influenza Vaccine (NY)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Local Phone # \_\_\_\_\_ AGE: \_\_\_\_\_

Local Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Primary Care or other Physician (NON-STUDENTS): \_\_\_\_\_ Physician Address: \_\_\_\_\_

Primary Care or other Physician (STUDENTS): Dr. Jada Hamilton Physician Address: 110 Ho Plaza, Ithaca, New York, 14853

Please check which one best describes you:  Student  Faculty/ Staff  Retiree  Other

IF APPLICABLE, PLEASE PROVIDE: Cornell ID: 

--	--	--	--	--	--	--

 Net ID: \_\_\_\_\_

**Screening Questionnaire for Vaccination**

The following questions help us determine which vaccines you may be given today. If you answer "Yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it.

	YES	NO	UNKNOWN
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 medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated had a seizure or a brain or other nervous system problem, including Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Females only:</b> Is the person to be vaccinated pregnant or is there a chance they could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire adapted from the Immunization Action Coalition by permission

I have read, or have had read to me, the Vaccine Information Statement (VIS) developed by the Centers for Disease Control and Prevention (CDC) and printed on the back of this Consent. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks (including potential side effects and adverse reactions) of the vaccine(s). I consent to, or give consent for, the administration of the vaccine(s) marked below. I authorize my vaccination documentation to be forwarded to my primary care or other physician if named above. I authorize my vaccination documentation to be forwarded to the collaborative prescribing physician for this program. If I am 19 years or older, I acknowledge that, by signing below, I consent to my vaccine record being added to the online New York State Immunization Information System, and acknowledge that I can discuss any questions or concerns about this with my pharmacist. I understand that it is recommended that I stay in the general area for 15 to 20 minutes after receiving my vaccination in case any immediate reactions occur. I understand that if I experience any side effects, it will be my responsibility to follow up with my physician at my expense. I hereby release the collaborative prescribing physician for this program, Wegmans Food Markets, Inc., its subsidiaries, affiliates, officers, employees and agents, from any and all liability that might arise from this vaccination on behalf of me, my heirs and personal representatives. A copy of the Wegmans Notice of Privacy Practices has been made available to me. I have been given a copy of this Consent form.

By signing below, I consent to receive calls from Wegmans Pharmacy at the telephone number(s) listed above in the event that important information needs to be shared about the vaccine that I, or my dependent minors, have received.



Patient or Parent/Guardian Signature \_\_\_\_\_ Relationship of Parent/Guardian to Patient (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**\*For Wegmans Use Only\***

Immunizing Pharmacist/Intern: Check vaccine provided and fill in table with required vaccine information:

	Vaccine Name	Notes	Manufacturer	Dose (mL)
<input type="checkbox"/>	FluZONE Quad PFS	2+, antibiotic-free, PFS	Sanofi Pasteur	0.5
<input type="checkbox"/>	Afluria Quad MDV	3+, MDV	Seqirus	0.5
<input type="checkbox"/>	Fluad Quad PFS	65+, PFS	Seqirus	0.5
<input type="checkbox"/>	FluZONE High Dose Quad PFS	65+, antibiotic-free, PFS	Sanofi Pasteur	0.7
<input type="checkbox"/>	fluCELVAX Quad PFS	2+, egg-free, antibiotic-free, PFS	Seqirus	0.5
<input type="checkbox"/>	Afluria Quad PFS	3+, PFS	Seqirus	0.5
<input type="checkbox"/>	fluBLOK Quad PFS	18+, egg-free (veganism), antibiotic-free, PFS	Sanofi Pasteur	0.5

**Store:**  
 Wegmans Pharmacy #71  
 500 South Meadow Street  
 Ithaca, NY 14850  
 P: (607) 277-1772  
 F: (607) 277-5890

Vaccine Information		Route	Site Given (circle one)	Date on VIS	Admin Date/ Date VIS Given to Patient
Lot	Expiration				
		IM	RA / LA	8/6/2021	

Form and questions have been reviewed by immunizer signed below

Administering/Supervising Pharmacist Signature: \_\_\_\_\_ RPH

Intern Signature (if applicable): \_\_\_\_\_

# Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

### Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age may** need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

## 4. Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5. What if there is a serious reaction?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself.

Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or call **1-800-822-7967**. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

## 6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7. How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

