

**TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER
INFLUENZA IMMUNIZATION INFORMED CONSENT**

INFLUENZA IMMUNIZATION

I hereby give the facility permission to administer an influenza vaccination annually, in the fall (October 1st through March 30th, or as indicated by the Department of Health).

To the best of my knowledge, I (Resident) have not had an anaphylactic reaction to eggs. I have been instructed that as a result of this vaccination, some side-effects may occur.*

Signature of Resident

Signature of Designated Representative

Date

Signature/Title of Witness

Date

If the Resident received the flu vaccine prior to admission, please fill in place and date: _____

Refusal / reason: _____

The benefits, risks and side-effects of receiving an influenza immunization have been explained to me.

PNEUMOCOCCAL IMMUNIZATION INFORMED CONSENT

PNEUMOCOCCAL IMMUNIZATION

I hereby give the facility permission to administer a pneumococcal immunization. I understand that this immunization is to be given one time, if over the age of 65. If it is given before age 65, it will be repeated in five years.

I understand that as a result of this vaccination, I may experience some side-effects.*

Signature of Resident

Signature of Designated Representative

Date

Signature/Title of Witness

Date

If the Resident received the pneumovax vaccine prior to admission, please fill in place and date: _____

Refusal / reason: _____

The benefits, risks and side-effects of receiving a pneumovax immunization have been explained to me.

- | | |
|--|---|
| • Side-effects of Pneumovax and Flu: | Slight discomfort, soreness and/or redness of the arm,
Slight fever (occasionally), muscle ache (occasionally) |
| • In addition Pneumovax ONLY | Rash (rarely) and/or joint aches (rarely) |
| • In addition Flu ONLY | Anaphylactic reaction (rarely) |

PPD: Resident had a PPD prior to admission:

Place: _____ Date: _____

REACTION: Negative Positive

If **POSITIVE:** Date and result of chest x-ray: _____

Please bring in a copy of chest x-ray results, and copies of flu/pneumovax immunization done prior to admission.

Submit