Information sheet for influenza vaccination

Name					
First name					
Date of birth					
	Informati	on about risks and side	e effects		
The flu shot is usu	ally well tolerated. Eve	ery now and then, however, si	de effects can	be obse	rved.
malaise, fatigue, o	hills, low-grade fever, esolve within 2-3 days	ing, induration and pain at the sweating or headache, muscl . Further information on the r	le and joint pa	in may o	ccur. Normally
	mporarily weaken then) in the next 2-3 days.	e immune system. You should	d avoid exces	sive phy	sical stress (fo
against colds, wh vaccinated agains antigens. Experier immune system a through frequent	ich are often also refet influenza, several tince of physicians and pappears to also expended the shots.	offluenza nor other diseases. erred to as "the flu". But it is mes develop a particularly go patients show that may be durience an increase in immun	s known that ood immune r e to a certain	people f response immuno	that have beer to the vaccine modulation the
Possible reasons t	hat may militate again	st vaccination:			
I have <u>not</u> well tolerated an earlier vaccination against influenza.] Yes	□ No
I have currently an acute high fever infection.] Yes	□ No
I am currently taking cortisone drugs.] Yes	□ No
I'm allergic to chicken proteins.] Yes	□ No
In women: I'm pregnant.] Yes	□ No
•		u shot. I was informed about arify all remaining outstandir	•		
 Date		Signature of person to be vac	ccinated		

More information about rarer risks and side effects

Occasionally (< 1 : 100): itching, rash, urticaria (hives).

Rare (< 1: 1.000): Neuralgia (nerve pain). If there is a sensitization to ingredients of the vaccination serum in a human, allergic reactions may occur.

Very rare (< 1: 10.000): Vasculitis (inflammation of blood vessels), neuritis (inflammation of nerves). In one of about a million cases a Guillain-Barré syndrome may occur, a nerve inflammation, which can lead to muscle weakness or paralysis. The cause of this disease is unknown, a relationship to the vaccine can only be suspected so far.

To be completed by physician:

Used product:

Signature of physician