

## **SPOKANE COMMUNITY COLLEGE** **FLU VACCINE INFORMATION FORM**

Washington State law provides that you have both the right and the obligation to make decisions about your health care. The Influenza vaccination is not required for program entrance. However, it is highly recommended. Any health care worker may be at risk for flu exposure, but the risks are often highest during the professional training period.

**ALL STUDENTS ARE ENCOURAGED TO GET THIS VACCINATION.**

### **INFLUENZA (FLU) VIRUS**

Influenza, also called “the flu,” is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. The best way to prevent this illness is by getting an influenza vaccination each year.

Anyone can get influenza. In fact, up to 1 in 5 people in the US get this serious respiratory illness every season. Some influenza infections will cause lost work and school days, but for those at highest risk for suffering from complications, the results can be more severe.

### **WHO SHOULD GET INFLUENZA VACCINE?**

- Anyone who wants to prevent influenza
- Adults and children with chronic medical condition, such as asthma, chronic obstructive pulmonary disease (COPD), heart disease, weakened immune system, diabetes and others
- Household contacts and caregivers of persons at high risk, including children younger than 6 months of age who are too young to be vaccinated. This includes parents, grandparents, siblings, babysitters and daycare providers.
- Adults 50 years of age and older
- Residents of long-term care facilities and nursing homes
- Health-care personnel who come in contact with patients

### **POSSIBLE SIDE EFFECTS FROM THE VACCINE:**

Check with your physician or healthcare provider

### **COMPLICATIONS OF INFLUENZA:**

Complications of influenza can include viral or bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as asthma, congestive heart failure, and diabetes. Children may experience sinus problems and ear infections.

**PLEASE MARK THE APPROPRIATE BOX:**

- I CHOOSE TO RECEIVE THE VACCINATION** to help protect me from infection from the Influenza virus. I will provide SCC with documentation of a yearly flu vaccination record.
  
- I CHOOSE NOT TO RECEIVE THE VACCINATION** that would help protect me from infection by the flu virus. I understand that if I change my mind, I can receive the vaccination in the future. I understand that I will potentially be at risk for acquiring the influenza virus.
  
- I HAVE PREVIOUSLY RECEIVED THE VACCINATION**  
I will provide SCC with documentation of a yearly flu vaccination record.

Completion of this form acknowledges your receipt of information needed to make an informed decision regarding the Influenza vaccination, and verifies your personal decision on protection against the virus.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature