



PNEUMOCOCCAL VACCINE INFORMED CONSENT

Residents at Marwood Nursing & Rehab have the option of receiving the pneumococcal vaccine as part of our resident health program. The Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC) and the Michigan Consumer & Industry Services (CIS) both recommend the vaccine be given, we urge your cooperation in helping Marwood Nursing & Rehab vaccinate our elderly and protect them from pneumococcal pneumonia.

Every resident has the option to receive the vaccine at another site such as a clinic, senior citizen program, or by a physician of their choice. If this is the course of action, proof of vaccination must be forwarded to Marwood to become part of the resident's medical record. The vaccine is a one-time dose, but may be repeated after 5 or more years, if the resident received the vaccination before age 65 and remains at high risk for pneumonia.

All residents who have Medicare Part B and/or Medicaid will not be charged on their monthly statements for receiving the Pneumovax shot. Blue Cross Blue Shield will not pay for the Pneumovax shots given to residents in skilled nursing facilities. The cost will be billed on the resident's next monthly statement following the administration of the injection.

INFLUENZA IMMUNIZATION INFORMED CONSENT

Influenza is an illness caused by viruses affecting people of all ages. Typically, individuals with influenza have sudden onset of fever, sore throat, and non-productive cough. Complications can lead to pneumonia or death. Annual vaccination is strongly recommended for all person with chronic health problems, elderly residing in skilled nursing facilities including facility staff, those over 50 years of age and children with asthma. This vaccine may not prevent you from contracting influenza, but it can reduce the severity of the illness, and help prevent complications.

As the resident or responsible party, I have read the enclosed benefit and potential side effects information sheet. I hereby give my permission for the facility to administer an influenza vaccination annually, per my physician's order. To the best of my knowledge, I/resident have not had an anaphylactic reaction to previous flu vaccines or history of Guillain-Barre syndrome. I understand that influenza vaccine, like any medication, is capable of causing serious problems such as allergic reaction. The risk is extremely small. I have been instructed that as a result of my vaccination, I may experience the following side effects: slight discomfort at site of injection, low-grade fever, muscle aches.

These potential side effects are generally mild and begin 6-12 hours after inoculation and may last 1-2 days. Potential benefits/side effect have been explained to my satisfaction.

If you have questions or concerns, feel free to call our **Infection Control Coordinator at (810) 966-5412.**