

## Hualien Armed Forces General Hospital Letter of Consent for Flu Vaccine Inoculation

Read the back of the “Flu Vaccine Inoculation Notes” carefully and fill in the letter of consent, and inoculate after diagnosis by physician.

Name: \_\_\_\_\_ ID No. \_\_\_\_\_

I, (parent or guardian) understand the protective effect, side-effects, etc. and elect to:

Accept vaccination. Signature \_\_\_\_\_ date: \_\_\_\_\_

Refuse vaccination.

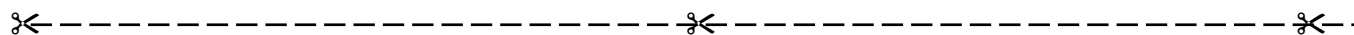
(Check the relevant items)

Personal

Dependant

Relative

Physician's signature: \_\_\_\_\_



### Receipt of Flu Vaccination Case History

MRN# : \_\_\_\_\_ or ID No. : \_\_\_\_\_

Name : \_\_\_\_\_

Vaccinated against flu on \_\_\_\_\_.

Physician's signature:

## Flu Vaccine Inoculation Notes

§ Protective effect:

Inoculating the flu vaccination may reduce the opportunity of serious complications caused by flu by as much as 50%~60% and reduce the rate of death by 18% as well.

Since the type of flu virus every year is not necessarily the same, the protective effect is valid for one year only, therefore it requires a vaccination every year. After vaccinating, although this could reduce the possibility of being infected with flu virus, the public may still catch a cold and needs to pay attention to their health.

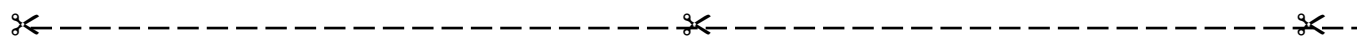
§ Side-effects:

Ache, reddening and swelling, fever, muscle pain and tiredness occurring at the injection site. It is better to ask a physician to evaluate the above mentioned conditions.

§ Fill in the following items and a physician will evaluate whether you need to be vaccinated or not.

- |  |  |
|--|--|
| 1. Allergic against egg-protein or other ingredient of vaccine                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Fever or suffered from acute disease recently (____days ago)                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Pregnancy (____weeks)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Bad reaction has occurred after an injection.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Age under six months  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Other conditions which are not suitable for vaccination under physician's evaluation. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Vaccinate after physician's evaluation  
Hualien Armed Forces General Hospital  
Cares for your health.



※If you have never seen a doctor in this hospital as an employee of this hospital, please carefully fill in the basic data as follows so that we can prepare a case history for you. Thanks!

Name	Sex	Birth Date	ID No.
	M <input type="checkbox"/> F <input type="checkbox"/>		
Status	Military Service <input type="checkbox"/> Military Dependant <input type="checkbox"/> Health Insurance <input type="checkbox"/>		Military rank
Zip Code and Mailing Address			Telephone No.

