

INFLUENZA VACCINATION CONSENT

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City/State: _____ Zip Code: _____

Daytime Phone Number: _____ Email (optional) _____

Date of Birth: _____ Age: _____ Gender: Male Female

- | | <u>Please Circle</u> | |
|--|----------------------|----|
| 1. Are you 18 years of age or older? | Yes | No |
| 2. Have you ever received the flu vaccine? | Yes | No |
| 3. If yes, did you have a serious reaction? | Yes | No |
| Explain reaction _____ | | |
| 4. Are you allergic to eggs or egg products? If no, skip to question 5. | Yes | No |
| If yes, have you received the egg-free vaccine? | Yes | No |
| Did you have any reaction to the egg-free vaccine? | Yes | No |
| 5. Have you had a fever, respiratory infection, nausea, vomiting and/or diarrhea within the last 24 hours? | Yes | No |
| 6. Do you have a latex allergy? | Yes | No |
| 7. Are you allergic to thimerosal (preservative in contact lens solution)? | Yes | No |
| 8. Have you ever been paralyzed by Guillain-Barré Syndrome? | Yes | No |
| 9. Have you received any vaccine in the past 30 days? | Yes | No |
| 10. Females Only: Are you pregnant? | Yes | No |

I have received and reviewed a copy of the Influenza Vaccine Statement. I have had a chance to ask questions and these have been answered to my satisfaction. I understand the benefits and risks of the influenza vaccine. I consent to receive the vaccine. I may experience mild reactions including soreness at the injection site, aches, and mild fever. If I begin to have wheezing or breathing problems, hives, or severe rash I am to immediately report to the nearest emergency room for treatment of a possible severe allergic reaction and follow up with my primary care physician.

Signature of person to receive vaccine or person authorized to make request

Date

Clinic Site: _____

Vaccine Manufacturer/Name
Lot # / Expiration sticker

Injection Site: Right Deltoid Left Deltoid

VIS received



Initial

Signature and title of nurse administering the injection

Date