



# ROBIN DALE MD

## Family Medicine

### Influenza Vaccine Consent Form

I have read, or have had explained to me, the CDC Vaccine Information Statement about influenza and the influenza vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barre' Syndrome. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me (or person named below for whom I am authorized to make this request).

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last First MI

Parent or Guardian's Name (if applicable): \_\_\_\_\_

Has the person receiving the vaccine ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers? Yes No

Does the person receiving the vaccine have a history of Guillain-Barre' syndrome or a persistent neurological illness? Yes No

Is the person receiving the vaccine pregnant? Yes No

Is the person receiving the vaccine allergic to Thimerosal (Preservative found in contact lens solution), any vaccine ingredient, or latex? Yes No

For child 6 mo – 8 yrs, have they received 2 or more doses of influenza vaccine since July 2010? Yes No  
(If no, the child will need to receive 2 vaccinations (at least one month apart) for the best protection against the flu.)

Signature of person receiving vaccine OR Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY VACCINE INFO SHEET PROVIDED: Yes No

Lot number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_ 0.5 ml IM Influenza Virus Vaccine given in \_\_\_\_ left \_\_\_\_ right deltoid – quadrivalent vaccine

\_\_\_\_ 0.5 ml IM Influenza HIGH Dose Virus Vaccine given in \_\_\_\_ left \_\_\_\_ right deltoid (65+) – Trivalent-Senior

\_\_\_\_ 0.25 ml IM Influenza Virus Vaccine for children age 6-35 months given in \_\_\_\_ left \_\_\_\_ right deltoid

Nurse/MA/Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_