



Influenza Vaccine Consent Form

I have read, or have had explained to me, that 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 risk of the 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: _____ Date of Birth: _____
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, chicken feathers, or a flu vaccine? 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

For children 6months- 8 years old, have they received 2 or more doses of influenza vaccine since July 2010? YES NO

Did you receive the Vaccine information sheet explaining the side effects from the flu vaccine? YES NO

Signature of person receiving vaccine OR Parent/Guardian

Date

DO NOT WRITE IN THIS SPACE- OFFICE USE ONLY VACCINE INFO SHEET PROVIDED: YES NO

Place Given: Right Deltoid Left Deltoid

_____ 0.5mL IM FLUZONE QUADRIVALENT (3 YEARS AND UP)

_____ 0.5mL IM FLUBLOK QUADRIVALENT (50 YEARS AND UP)

Given By: _____