



Influenza Vaccine Consent Form

Patient Name: _____ Date of Birth: _____

Employer: _____

Check the appropriate box: Employee Spouse Dependent

Please read through and complete questionnaire; discuss with the staff if you do not understand the questions.

- 1. Have you ever had a bad reaction to any previous vaccines? YES / NO
- 2. Are you unwell today with an illness associated with a fever? YES / NO
- 3. Have you had a severe allergic reaction (shock, collapse, wheezing, rash) to – eggs and or chicken feathers, neomycin, polymyxin, and gentamycin or a previous influenza vaccine? YES / NO
- 4. Have you suffered from Guillian Barre Syndrome in the past? YES / NO
- 5. Are you in agreement with the administration of an influenza vaccination to be given by the medical assistant or nurse? YES / NO

FOR CHILDREN

- _____ 4-8Y/O NOT PREVIOUSLY VACCINATED SHOULD RECEIVE TWO 0.5ML DOSES SPERATED BY FOUR WEEKS.
- _____ 4-8Y/O WHO RECEIVED ONLY 1 DOSE IN THEIR FIRST YEAR OF VACCINATION IN THE PREVIOUS SEASON SHOULD RECEIVE TWO 0.5 ML DOSES SEPARATED BY FOUR WEEKS.
- _____ 4-8Y/O WHO HAVE BEEN VACCINATED WITH TWO DOSES OF ANY INFLUENZA VACCINE IN THE PREVIOUS SEASON SHOULD RECEIVE ONLY ONE 0.5ML DOSE.
- _____ 9 YEARS AND OLDER RECEIVE ONE SINGLE 0.5ML DOSE.

I have read and understand this information and consent to receiving the influenza vaccine injection. I understand I will need to wait at the clinic for 10-15 minutes after the vaccine is administered.

Patient Signature: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

For Office use only:		<input type="checkbox"/> Influenza	VIS given to Patient	<input type="checkbox"/> Yes
First Dose Date: _____				
Vaccine Manufacturer: _____	Lot Number : _____	Expires: _____		
Injection Site: Rt / Lt Deltoid <small>(Circle One)</small>	Injection Route: IM	Dosage amount given: 0.5mL		
Influenza vaccine given by: _____				
Second Dose Date: _____				
Vaccine Manufacturer: _____	Lot Number : _____	Expires: _____		
Injection Site: Rt / Lt Deltoid <small>(Circle One)</small>	Injection Route: IM	Dosage amount given: 0.5mL		
Influenza vaccine given by: _____				