

CONSENT FORM FOR SEASONAL INFLUENZA VACCINE

I have read or have had explained to me the information about influenza and influenza vaccine. I have had an opportunity to discuss the benefits and risks of influenza vaccine with a healthcare provider of my choice before coming here today. I have had a chance 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.

Title: _____ Name: _____
(FIRST) (MIDDLE) (LAST)

3/4 ID _____ or Last 4 SSN: _____

Vaccine is for: _____ Employee _____ Volunteer _____ Student/Trainee
_____ Dependent Healthcare Professional _____ Licensed Independent Practitioner (Physician)
_____ Licensed Independent Practitioner (Other)

Company/Organization: _____

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-Barré 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

Signature of person receiving vaccine

Date

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY

Lot number: _____ Expiration Date: _____ CHECK ONE:

____ 0.5 mL IM Influenza Virus Vaccine given in ____ left ____ right deltoid - TIV or QIV

____ 0.5 mL IM Influenza HIGH Dose Virus Vaccine given in ____ left ____ right deltoid (65+) - TIV-SR

____ 0.5 mL Intradermal Virus Vaccine site _____ - TIV

____ 0.5 mL FluBlok Influenza Virus Vaccine given in ____ left ____ right deltoid

3-4 ID Of Vaccinator : _____

Signature of person completing form

Date

Time

Comments: