

INACTIVATED INFLUENZA VACCINATION CONSENT FORM

Circle one

1. Are you 19 years of age or older? YES NO
If no, please have a parent sign for minor OR have power of attorney form available OR have parent on the phone to give consent.

2. Have you ever in your life received a flu vaccine? YES NO

3. Do you have a fever or active infection today? YES NO

4. Do you have a history of Guillain-Barre Syndrome (severe paralytic illness)? YES NO

5. Do you have a severe (life threatening) allergy to the following? YES NO
A. Eggs or chicken?

B. Thimerosal (mercury derivative)? YES NO

6. Have you had a severe allergic reaction to any vaccine? YES NO
If yes, explain: _____

Please indicate: **STUDENT** **FACULTY** **STAFF**

"I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the A vaccine and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request."

NET ID: _____ DATE OF BIRTH: ____/____/____

NAME: _____
LAST FIRST MI

X _____ DATE: _____

Patient OR Parent/Guardian Signature (if under 19)

IF UNDER 19 YEARS OF AGE CONSENT GIVEN BY: MOTHER/FATHER/GUARDIAN/POA/
TELEPHONE CONSENT

SIGNATURE OF STAFF _____

Manufacturer:

Lot:

Exp:

Injection site: L / R deltoid

VIS Given (8/6/2021)

Administered By: _____ DATE: _____