



INFLUENZA CONSENT FORM FOR INACTIVATED INJECTABLE INFLUENZA VACCINATION

Patient to be Vaccinated: _____ **Date of birth** ___/___/___

For adults patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

- 1. Is the person to be vaccinated sick today? yes no
- 2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine? yes no
- 3. Has the person to be vaccinated ever had a serious reaction to Influenza vaccine in the past? yes no
- 4. Has the person to be vaccinated ever had Guillain-Barre' Syndrome? yes no

I have read or have had explained to me the information in "Vaccine Information Statement (VIS): Inactivated influenza Vaccine: WHAT YOU NEED TO KNOW." I have had a chance to ask questions. Any questions were addressed to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

X _____ **Date:** _____
Signature/Signature of Parent or Guardian of minor

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| <p style="text-align: center; margin: 0;">Clinic Use Only</p> <p>Vaccination Date: _____</p> <p>Injection site: _____</p> <p>Route: _____</p> <p>Manufacturer: _____ Lot & exp. _____</p> <p>Date of VIS provided: _____</p> | <p style="text-align: center; margin: 0;">_____ Signature of vaccine administrator</p> <p style="text-align: center; margin: 0;">_____ Date</p> |
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