

Influenza Vaccination Consent Form

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|----------------------|----------------|----------------|------|
| Name (please print): | Date of Birth: | Doctor's Name: | MRN: |
| | | | |

Please complete the questions below for the person receiving the vaccine:

- No Yes 1. Are you currently sick with fever?
- No Yes 2. Have you ever had a life threatening allergy to any component (or part) of the influenza vaccine?
If yes, please describe: _____
- No Yes 3. Have you ever developed Guillain-Barré Syndrome within 6 weeks of receiving the influenza vaccine?
- No Yes 4. Have you ever had a severe life-threatening allergy to EGGS or EGG product?
- No Yes 5. Are you currently pregnant/might you become pregnant in the next month?
- No Yes 6. Are you 6-35 months old?

Special note for children under the age of 9 years:

Those children who have not previously received 2 or more doses of influenza vaccine prior to July 1, 2020 should receive 2 doses for the 2020-2021 season. The doses should be separated by at least 4 weeks.

Influenza Consent

I have read, or had explained to me, the Vaccine Information Statement about **influenza** vaccine. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccine as described. I request that the **influenza** vaccine be given to me (or the person named above for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purpose. I have received a copy of the Patient Bill of Rights.

Signature of Parent or Legal Guardian or Recipient (if age 18 or older)

Date

Area Below to be completed by Nurse or Medical Assistant

Administration Information

VFC Eligibility: Private Insurance Medicaid Uninsured American Indian/Alaska Native Underinsured

Left Arm Right Arm

Left Thigh Right Thigh

Dosage: 0.5ml

Manufacturer & Lot #:

VIS Date: 08/15/2019

Nurse or MA Signature:

Date:

Next Influenza Vaccine is Due:

Next Year In 4 Weeks Other: _____