

INFLUENZA VACCINE 2015-16

My signature below indicates that I have:

- Read the information about the influenza vaccine (inactivated or live, attenuated) on the Vaccine Information Statement (VIS);
- Been given a copy of the VIS and;
- Had an opportunity to ask questions about the vaccine.

LIVE, INTRANASAL INFLUENZA VACCINE (LAIV) OR INACTIVATED INFLUENZA VACCINE --- Please check each box applicable to you below:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a history of Guillain-Barre syndrome (a severe paralytic illness, also called GBS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a serious allergic reaction to eggs/egg products, Gentamicin, or ever had a serious allergic reaction after a previous dose of influenza vaccine? |

LIVE, INTRANASAL INFLUENZA VACCINE (LAIV) --- Please check each box applicable to you below:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you work with severely immunocompromised patients such as those who are currently on the bone marrow unit (BMTU), the MRICU or PICU? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you 50 or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a long-term health problem such as heart disease, kidney disease, lung disease, metabolic disease (e.g. diabetes), asthma, anemia/other blood disorders or a weakened immune system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant (women only)? |

If you answered "NO" to all the above questions, you may receive LAIV.

STUDENT INFORMATION:

Print Name: _____ Date: _____
 Signature: _____ Date of Birth: _____
 VCU School/Program: _____ Year/Class: _____

VACCINE INFORMATION:

__ INJECTABLE Vaccine Lot Number/Expiration Date: _____ (R) Deltoid (L) Deltoid

__ FLUMIST Vaccine Lot Number/Expiration Date: _____ Intranasal

Vaccine Date: _____ Vaccine Information Statement (VIS) Issue Date: 8-7-2015

Vaccinator Signature: _____ Student Health Employees: AB LB LS JE KM LP TV DG ML
 Maxim Employees: LC KM

Notice regarding documentation of influenza vaccine: Vaccine information will be entered into your immunization records at University Student Health Services and can be accessed through your web portal account.

Student V# _____