

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.

Please print clearly: Each field is required.

Name: _____ 3/4 ID or Last 4 SSN: _____
(FIRST) (MIDDLE) (LAST)

Birthdate ____/____/____

Vaccine is for (circle one): Student Physician Licensed HCP Contractor Volunteer

Working in which facility?: _____

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 (If yes, LAIV contraindicated, TIV recommended)

Is the person receiving the vaccine allergic to Thimerosal (Preservative found in contact lens solution), any vaccine ingredient, or latex? ____Yes ____No

X

Signature of person receiving vaccine

Date

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY VIS Edition Provided: _____

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
- ____ 0.2 mL Live Attenuated Influenza Virus Vaccine given intranasally (half each nostril) – TRI or QUAD
- ____ 0.5mL Intradermal Virus Vaccine site _____ - TIV
- ____ 0.5mL FluBlok Influenza Virus Vaccine given in ____left ____right deltoid
- ____ Children 6-35 months: 0.25 mL/dose given in ____left ____right deltoid (1 or 2 doses per season)
- ____ Children 3-8 years: 0.5 mL/dose given in ____left ____right deltoid (1 or 2 doses per season)
- ____ Children older than 9 years: 0.5 mL/dose given in ____left ____right deltoid (1 dose per season)

Nurse/ Provider's Signature

Date

Time

Place Employee Info label here, if desired