



# INFLUENZA VACCINE INFORMED CONSENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_

### Screening Questionnaire

The following questions will help us determine if there is any reason, we should not give you or your child the influenza vaccine today. If a question is not clear, please ask your healthcare provider for clarification.

Allergies: \_\_\_\_\_

### Flu Vaccine Questionnaire

1. Do you feel ill or have a fever today?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
2. Have you ever had a severe allergic reaction to an influenza vaccine?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
3. Do you have a history of Guillain- Barre' Syndrome?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
4. Do you have an allergy to eggs or egg product?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

### VACCINE ADMINISTRATION RECORD AND WAIVER OF LIABILITY

I have read, or have had explained to me, the information in the Influenza Vaccine Information Sheet (VIS). I have also had a chance to ask any questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient's or Patient's Representative's Signature

<input type="checkbox"/> Administer injectable flu vaccine today	<input type="checkbox"/> Flucelvax (Standard Dose)	<input type="checkbox"/> Flud (65+ only)
<input type="checkbox"/> DO NOT administer flu vaccine today		
<b>Comments:</b>	<u>Ages:</u> 6mo – 64yr	<u>Ages:</u> 65yr+
	<u>Dose:</u> 0.5ml	<u>Dose:</u> 0.5ml
	<u>Route:</u> R / L Deltoid R / L Anterolateral thigh	<u>Route:</u> R / L Deltoid R / L Anterolateral thigh
<b>Patient Verified: Yes                      No</b>	<u>Lot#</u>	<u>Lot#</u>
<b>Vaccine Administrator Signature:</b>	<u>Exp:</u>	<u>Exp:</u>