

Flu Consent 2023-2024

Patient Name: _____ DOB: _____

1. Is the person to be vaccinated sick today or had a fever of greater than 100.4°F in the last 24 hours?
☐ Y ☐ N
2. Does the person to be vaccinated have an allergy to latex, mercury, thimerosal, gelatin, chicken eggs/feathers, or other vaccine components? ☐ Y ☐ N
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? ☐ Y ☐ N
4. Has the person to be vaccinated ever had Guillain-Barre Syndrome or any other neurological diseases?
☐ Y ☐ N

I have been given a copy and have read or have had explained to me the U.S. Public Health Service important information statement about influenza vaccine dated 8/6/2021. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the risks and benefits of the vaccine and agree to receive the vaccination.

Patient/Guardian Signature: _____ Date: _____

Guardian Printed Name: _____

If any above questions are answered "yes", must have provider approval and documentation

Internal Use Only

NDC#: 49281-0423-50 Exp: _____

Vaccine Manufacturer: Sanofi

Vaccine Type: ☐ Fluzone (egg-based)

Administered by: _____

Date: _____

Administration Site: ☐ LD ☐ RD