

Patient Immunization Questionnaire & Consent for Inactivated Injectable Influenza Vaccination

Patient Name:	Date of Birth:	
If "Yes" to any of the below, consult a provider before receiving a vaccin	e:	
1. Is the person to be vaccinated sick today?		Yes or No
2. Does the person to be vaccinated have an allergy to a component of t	he vaccine (including eggs)?	Yes or No
3. Has the person to be vaccinated ever had a serious reaction to influen	iza vaccine in the past?	Yes or No
4. Has the person to be vaccinated ever had Guillain-Barre Syndrome?		Yes or No

If person to be vaccinated is 8 years old or younger and receiving the influenza vaccine for the first time, a booster vaccine should be administered in 4 weeks. Please schedule the booster before leaving your appointment today.

By signing below, I hereby certify that:

- My answers to the above questionnaire are true and complete to the best of my knowledge.
- I have had an opportunity to ask Marathon health center staff questions about the risks and benefits of the inactivated influenza vaccine, and my questions have been answered to my satisfaction.
- I have read or had explained to me the CDC's "Inactivated Influenza Vaccine Information Statement".

I understand the risks and benefits of the inactivated influenza vaccine I have chosen to receive, and hereby give consent to Marathon Health and its staff to administer the inactivated influenza vaccine to me. I agree to wait in the health center for 15 minutes after receiving the vaccine in order to allow health center staff to monitor for any delayed vaccine reaction.

Signature of Patient

Date

If the person receiving the vaccine is under a legal guardianship, the legal guardian must sign below to confirm his or her consent to the administration of vaccine to the patient.

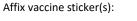
Signature of Legal Guardian

Charted:

Date

Marathon Health Ambassadors: Use the area below to document the proper procedure for charting and dispensing.

Dispensed from inventory:	



If unable to chart/dispense at time of administration, capture below information and update systems accordingly when available:

Site of injection: R / L deltoid	Signature of administrator:	Date: