

Adult Consent for Influenza (Flu) Vaccine 2016-2017

I have read or have had explained to me the information on the Vaccine Information Sheet about Influenza (flu) Vaccine dated 8/07/15. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the Influenza Vaccine and request that it be given to me.

PLEASE ANSWER THE FOLLOWING:

- Do you have a fever or acute infection at the present time? YES NO
- Are you allergic to eggs? YES NO
- Allergy to Thimersol (a preservative in contact lens solution)? YES NO
- Have you ever had a serious reaction to a previous dose of the flu vaccine? YES NO
- Do you have a history of Guillian-Barre Syndrome (a neurological disorder)? YES NO

Reviewed by _____

PRINT NAME LEGIBLY

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Signature of person to receive vaccine:

X _____ Date: _____

**I have received or I have been provided the opportunity to receive a copy of the "notice of Privacy Practices" that explains, when, where and why my confidential health information may be used or shared.

To be Completed by Person Administering Vaccine

Date Administered: _____ Arm Site: RD LD

September _____ 2016 October _____ 2016 November _____ 2016 December _____ 2016

January _____ 2017 February _____ 2017 March _____ 2017

Administered by _____

Revised August 16, 2016