

PATIENT CONSENT FORM

FOR SEASONAL INFLUENZA VACCINE

I have read, or have had explained to me, the CDC Vaccine Information Statement about influenza and the influenza vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barré syndrome. I have had an opportunity 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 (or person named below for whom I am authorized to make this request).

Please print:

Name: _____ **Date of Birth:** ____/____/____
(FIRST) (MIDDLE) (LAST)

Parent or Guardian's Name (if applicable): _____

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

For child 6 mo-8 yrs, have they received 2 or more doses of influenza vaccine since July 2010? Yes No
(If no, the child will need to receive 2 vaccinations [at least one month apart] for the best protection against flu.)

Signature of person receiving vaccine OR Parent/Guardian **Date**

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

Lot number: _____ Expiration Date: _____ Dose #1 or Dose #2
(Circle One - Pediatric Only)

LAIV Nasal spray is recommended for children aged 2-8 (older adolescents and adults may receive as well if stock allows).

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)
- 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/MA/Provider's Signature Date Time

