



INFLUENZA IMMUNIZATION CONSENT

Name: _____ DOB: _____ Work site: _____

IF YES APPLIES TO ONE OF THESE FOLLOWING YOU SHOULD NOT GET THE FLU VACCINE:		
Do you have serious allergies to eggs or egg products?	Y	N
Have you ever had a serious reaction to a flu shot?	Y	N
Are you sick with a fever? T:	Y	N
Are you allergic to thimerosal or formaldehyde?	Y	N
PLEASE REFER TO PROVIDER IF ONE OF THESE FOLLOWING CONDITIONS APPLIES:		
Have you ever had a Guillain-Barre Syndrome?	Y	N

- **I have read or had explained to me the information sheet about the influenza vaccine (flu shot).**
- **I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the vaccination to me (or to the person above for whom I am authorized to make this request).**
- **I authorize the release of any medical or other information necessary to process a Medicare claim, Medicaid, or insurance claim.**

Signature/Guardian of recipient: _____ Date: _____

I decline your offer to receive the flu vaccine for the following reason:

Person administering the vaccine: _____

Signature: _____ Date: _____

VIS form provided:

Injection Site: RA LA Mid-Lateral Thigh R__/L__
 Manufacturer and lot number: _____ Expiration Date: _____