 INFLUENZA CONSENT FORM 2018-2019

**USE BLACK OR BLUE INK ONLY**

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| Last Name | | | | First Name | | | | MI | Age | | D/O/B | | | * Male * Female | | |
| Street Address (include Apt # if applicable) | | | | | | | City | | | | | State | | | Zip | |
| Email Address: | | | | | Phone Number | | | | | Board of Education or Government patient: | | | | | | |
| **SCREENING FOR FLU VACCINE ELIGIBILITY** | | | | | | | | | | | | | | | | |
| 1. Any serious allergy to eggs, chickens, or chicken feathers? | | | | | | | | | | | | | Yes | | | No |
| 2. Ever had a serious reaction to previous dose of flu vaccine that required medical attention? | | | | | | | | | | | | | Yes | | | No |
| 3. Ever had Guillain-Barre Syndrome (temporary severe muscle weakness) after receiving flu vaccine? | | | | | | | | | | | | | Yes | | | No |
| 4. Any allergy to Thimerosal (Preservative found in contact lens solution) or Latex? | | | | | | | | | | | | | Yes | | | No |
| 5. Are you pregnant, or think you may be pregnant? | | | | | | | | | | | | | Yes | | | No |
| 6. Have you received any type of vaccine in the last 7 days? | | | | | | | | | | | | | Yes | | | No |
| **DO NOT WRITE BELOW THIS LINE UNTIL YOU APPEAR FOR YOUR SHOT** | | | | | | | | | | | | | | | | |
| **VACCINE ADMINISTRATION RECORD & WAIVER OF LIABILITY**  I have read or have had explained to me the information provided about influenza and influenza vaccine. I have had an opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to sign. I hereby release *One to One Health* from any and all liability associated with the administration and potential side effects of the vaccine.  This record is evidence and/or documentation that you have received the flu vaccine, and it will be filed with *One to One Health*. They will record what vaccine was given, when the vaccine was given, where the vaccine was given, the name of the company that made the vaccine, the vaccine’s lot number, and the name and title of the person who gave the vaccine.  **PATIENT SIGNATURE: DATE:** | | | | | | | | | | | | | | | | |
| **FOR ADMINISTRATIVE USE ONLY VIS Date: 8 / 0 7 / 1 5** | | | | | | | | | | | | | | | | |
| **Vaccine**  *Influenza* | **Route**  *R-deltoid*  *L-deltoid* | **Manufacturer** | **Lot No.** | | | **Printed Name of Vaccine Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Vaccine Administrator Date vaccination and VIS given: / \_\_/\_\_\_\_\_\_\_\_** | | | | | | | | | | |
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