

Influenza Vaccine Consent Form

Last Name: _____ First Name: _____ M F

Date of Birth: (day/month/year) _____ Email _____

Course: _____ Health Card Number _____ VC _____

Please answer the following questions:

- Are you feeling well today?..... YES NO
- Have you ever had a flu shot before?..... YES NO
- Have you ever had a pneumonia shot before?..... YES NO
- Have you ever had a reaction to any previous vaccine or injection?..... YES NO
- Have you ever been diagnosed with Guillain-Barré syndrome?..... YES NO
- Are you allergic to any of the following?..... YES NO

If YES, please circle which one(s):

- Eggs ▪Chicken proteins ▪Kanamycin ▪Neomycin ▪Polysorbate 80
- Cetyltrimethylammonium bromide (CTAB) ▪Thimerosal/Formaldehyde

ACKNOWLEDGEMENT and WAIVER

INFLUENZA VACCINE CONSENT

I have read the information about the influenza vaccine and have had the chance to ask questions which were answered to my satisfaction. I consent to receiving the influenza vaccine.

I understand that I am to wait under observation at the clinic for 15 minutes after the vaccine is given.

Signature: _____ Date: _____

If proof is required please fill this in

Influenza Vaccine

Name:

Health Provider :

Date Administered: