

CONSENT FORM FOR SEASONAL INFLUENZA VACCINE-2018

I have read or have had explained to me the information about influenza and influenza vaccine. I have had an opportunity to discuss the benefits and risks of influenza vaccine with a healthcare provider of my choice before coming here today. I have had a chance 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/ MY CHILD. (circle one)

Please print

Name: _____ DOB: _____
(FIRST) (MIDDLE) (LAST) MM/DD/YYYY

(if applicable)

Child's Birthday ____/____/____ & Age _____

Is your child 3 years old or young? YES/ NO (If "YES," your child may not receive the vaccine at this time)

Parent or Guardian's Name: _____

Vaccine is for (circle one): Employee Family Member (Adult) Family Member (Child)

Company/Organization: _PASADENA ISD_____

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 2017? ____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: __08/07/2015__

Fluzone Quad 0.5 mL IM Influenza Vaccine given in ____left ____right deltoid

Lot number: __UJ034AB____ Expiration Date: __06/30/2019____

__Mary DeLeon____
Administered by

Administer Signature

Date