



Flu Consent 2023-2024

Patient Name: _____

DOB: _____

- 1. Is the person to be vaccinated sick today or had a fever of greater than 100.4°F in the last 24 hrs? Y N
- 2. Does the person to be vaccinated have an allergy to latex, mercury, thimerosal, gelatin, chicken eggs/feathers, or other vaccine components? Y N
- 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? Y N
- 4. Has the person to be vaccinated ever had Guillain-Barre syndrome or any other neurological diseases? Y N

I have been given a copy and have read or have had explained to me the U.S. Public Health Service important information statement about influenza vaccine dated 8/6/21. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the risks and benefits of the vaccine and agree to receive the vaccination.

Patient/Guardian Signature: _____ Date: _____

Guardian Printed Name: _____

If any above questions are answered "yes", must have provider approval and documentation

Internal Use Only

Vaccine Manufacturer: Sanofi

NDC#: _____ Exp: _____

Vaccine Type: Fluzone HD 65+ Fluzone Quad 6mos+

Administered by: _____

Administration Site: LD RD LT RT

Date: _____

Time Administered: _____

Parking Space/Car Number (if applicable): _____

Time Vehicle Departed: _____

Patient waited 20 minutes after vaccine administration: Yes No