

All Saints/St. Matthews Health Promotion Centers
Influenza Vaccine Consent Form 2009-2010

This consent form is for the INJECTABLE flu vaccine.

Name (please print): _____

Parent name: (if minor) _____

Read Vaccine Information Statement Before You Fill Out This Form.

<http://www.cdc.gov/vaccines/pubs/vix/downloads/vis-flu.pdf>

1. Are you allergic to eggs? Yes No
2. Have you ever had an adverse reaction to flu vaccine? Yes No
3. Are you ill or running a fever today? Yes No
4. Do you have a history of Guillain-Barre /syndrome. Yes No
(Guillain-Barre is a progressive paralysis syndrome.)
5. Are you pregnant? Yes No NA

RE: Allergy to thimerosal (preservative in contact solution): The prefilled vaccine is preservative free.

I have read the 2009-2010 Inactivated Influenza Vaccine Information Sheet (VIS). I have had an opportunity to ask questions and understand the benefits and risks of influenza vaccination. As with all medical treatment, I understand that there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me.

Signature of Parent & Person Receiving Vaccine:

Name: _____

Date: _____

Parent: _____

Date: _____

COST: \$20 payable to Mercy Medical Center. Due at time of immunization.

Documentation of vaccination:

Manufacturer:

Lot Number:

Expiration date:

DATE: _____ SITE: Left deltoid Right deltoid

ADMINISTERED BY: _____