

GENESYS WOMEN SERVICES, P.A.

Influenza Immunization Consent Form

Instructions

- Read the VIS form titled "Inactivated Influenza Vaccine-What You Need to know- (2015)
- Complete the consent form below.

Name (print) _____ Date of Birth _____

Home Address; _____

Telephone (work) _____ (home) _____

Are you allergic to eggs, egg products or thimerosal? Yes No

Have you ever had Guillain-Barre syndrome? Yes No

Have you received the influenza vaccine in the past? Yes No

If yes, have you had any problems receiving the vaccine in the past? Yes No

Do you currently have a fever or other acute illness? Yes No

Women only—are you or could you be pregnant? : Yes No

If yes, does your healthcare provider approve? Yes No

Did you receive an allergy shot today? Yes No

I have read the CDC 2015 Influenza Vaccine Information Statement that describes the influenza vaccine. I have had an opportunity to ask questions regarding immunization recommendations and understand the benefits and risks of flu immunization as described.

I request that it be given to me.

Signature _____ Date _____

For clinic use only:

Influenza vaccine: 0.5ml IM R L deltoid Temp (if indicated) _____

Manufacturer:

Brand Name:

NDC#

LOT Number

Exp. Date:

VIS Dated: _____ Given: YES

Administered by _____ Date _____