Patient Name:

Date of Birth:

Chart ID:

SEASONAL INFLUENZA VACCINE CONSENT FORM

2020-2021

General Health Questions *(Check as Indicated)*

	NO	YES	
Are you allergic to eggs or egg products?	☐	☐	If yes, please explain below
Do you have a history of a paralytic condition called Guillain-Barre Syndrome?	☐	☐	If yes, please explain below
Have you ever had an anaphylactic reaction to the influenza vaccine?	☐	☐	If yes, please explain below
Are you currently running a fever over 101 degrees or have any flu-like symptoms?	☐	☐	If yes, please explain below
Have you ever had an unusual reaction to the 'flu' shot requiring medical attention?	☐	☐	If yes, please explain below
Are you allergic to, or have a sensitivity to latex?	☐	☐	If yes, please explain below

Please explain any "Yes" answers provided above:

I have read (or it has been read to me) and I understand the "Seasonal Influenza Vaccine Information Sheet".
I have had the opportunity to ask questions and to have them answered to my satisfaction.
I consent to the seasonal influenza vaccine.

If signing for someone other than yourself, indicate your relationship to that other person:

If signing for someone other than myself, I confirm that I am the parent / legal guardian or substitute decision maker.

Signature**:** Date of signature:

Please check if you do not want your information released to another health care provider. ☐

For Clinic Use Only:

VACCINE	DOSE	LOT NUMBER	EXPIRY DATE	SITE / IM	TIME GIVEN	DATE GIVEN	GIVEN BY
	0.5 ml						

Comments: _____

Revised August 17. 2020

MADISON MEDICAL