



Huntington Ambulatory Care Center Flu Vaccine Consent Form

2018

2018-2019 CONSENT FORM

(INJECTABLE VACCINE)

I have read or have had explained to me the information on the Vaccine Information Statement (VIS) dated 8/7/2015 about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that the vaccine is given to me. **Contains no preservatives**

INFORMATION ON PERSON TO RECEIVE 2018 FLU VACCINE:

Last Name (Print):

Signature: LANCE

First Name (Print):

LANCE

Date of Birth:

01/30/60

Initial:

PLEASE ANSWER THE FOLLOWING:

Do you have a severe (anaphylactic) allergy to eggs? (Contact egg allergy not applicable) Yes No

Do you have a severe (anaphylactic) latex allergy? (Contact latex allergy not applicable) Yes No

Have you ever had a hypersensitivity to a component of the influenza vaccine? Yes No

Were you ever paralyzed by Guillain-Barre syndrome within 6 weeks after an influenza vaccination? Yes No

Have you had a bone marrow transplant within the past 6 months? Yes No

Are you pregnant or think you may be pregnant? Yes No

Do you now have a respiratory illness **with** fever? Yes No

DO NOT WRITE BELOW THIS LINE - FOR CLINICAL USE ONLY

Dose: 0.5ml

Route: IM

Date Vaccinated:

10-04-18

VIS Date: 8/7/2015

Right Deltoid

Left Deltoid

Lot Number:

UT6261MA

Expi:

6/30/19

MFR:

Sanofi Pasteur

Nurse's Signature:

R. S. Dente