



2018 Huntington Ambulatory Care Center Flu Vaccine Consent Form

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):

First Name (Print):

Initial:

Signature:

Date of Birth:

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:

VIS Date: 8/7/2015

Right Deltoid ☐

Left Deltoid ☒

Lot Number:

UT6261MA

Exp:

6/30/19

MER:

Sanofi Pasteur

Nurse's Signature:

Prepared: 10/04/18 14:41

By: E1140370
Dispense ID: 57515925