

All Saints/St. Matthews Health Promotion Centers
Influenza Vaccine Consent Form 2011-2012

This consent form is for the **FluMist INHALED** flu vaccine.

Name (please print): _____

Parent name (if minor) _____

Read Vaccine Information Statement and Review CDC Web Site Link BEFORE You Fill Out This Portion of the Form <http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf>

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

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. Are you on long-term aspirin therapy? [] Yes [] No
5. Do you have a known or suspected immune deficiency? [] Yes [] No
6. Do you have a history of Guillain-Barre Syndrome[] Yes [] No
7. Do you have a chronic condition such as: heart disease,
Lung disease, asthma, kidney disease, metabolic disease [] Yes [] No
8. Are you pregnant? [] Yes [] No [] NA

(Guillain-Barre is a progressive paralysis syndrome.)

Women in any stage of pregnancy CANNOT receive the FluMist vaccine.

I have read the 2011-2012 information regarding the influenza virus and vaccine. 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 and Person Receiving Vaccine:

Name: _____

Parent: _____

Documentation of vaccination:

Manufacturer:

Lot number:

Expiration date:

DATE: _____

ADMINISTERED BY: _____