

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

This consent form is for the **INJECTABLE** 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. Do you have a history of Guillain-Barre Syndrome ....[ ] Yes [ ] No  
(Guillain-Barre is a progressive paralysis syndrome.)
5. Are you pregnant? [ ] Yes [ ] No [ ] NA

**RE allergy to thimerosal (preservative in contact solution) The prefilled syringe is preservative free.**

I have read the 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: \_\_\_\_\_ SITE: [ ] Left deltoid [ ] Right deltoid

ADMINISTERED BY: \_\_\_\_\_