

Name (print): _____ Title/Org _____ Employee ID: _____

		Yes	No
1.	Is this the first "Flu" vaccination you have ever received?		
2.	Have you ever had an allergic or serious reaction to the following; Flu vaccine, chicken eggs, or chicken products, Thimerosal, or have you had Guillain-Barre Syndrome (GBS)?		
3.	Are you ill today?		
4.	Do you take blood thinners such as Aspirin, Clopidogrel (Plavix), Dipyridamole (Aggrenox), or Coumadin (Warfarin) on a daily basis?		
5.	Are you under 18 years of age? <i>(If you are under 18 years of age parental consent is required)</i>		
6.	Are you pregnant (or think you may be pregnant)? If yes, provider note is required due to risks associated with the flu vaccine		
7.	Are you requesting a copy of the Influenza Vaccine Information Statement (VIS)		
8.	I am requesting additional information about the influenza vaccine		
9.	Are you age 65 or older? 65 or older qualify for high-dose vaccine		

My signature below indicates the following:

- I understand the benefits versus the risks of the influenza vaccine.
- As with any vaccine, the administration of the influenza vaccine may not result in seroconversion leading to protective immunity from influenza virus strains that may be circulating.
- I have been given the opportunity to ask questions which if asked, were answered to my satisfaction.
- I have received the CDC **08.06.2021** Influenza Vaccine Information Statement (VIS).
- I am requesting that the vaccine be administered to me or the person named on the consent.

Signature: _____

Date: _____

Date of Birth: _____

Telephone: _____

For Vaccinator Use Only

Manufacturer: _____ Lot # _____ Exp. Date: _____

Route: IM Site: R Deltoid L Deltoid

VIS: Inactivated Influenza Vaccine **08.06.2021**

Signature: _____

Date: _____