

2011-2012 SEASONAL INFLUENZA CONSENT FORM

Please circle one:

FLUMIST or FLU SHOT

Information about person to be vaccinated (please print)

Last Name _____ First Name _____ Age _____
Date of Birth _____ Parents Name _____
Address _____ City _____ Zip _____
Phone # _____

For child being vaccinated- check any that apply:

- ___ Medicaid
___ No insurance
___ Health Insurance DOES NOT pay for vaccines
___ Private insurance

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE PERSON TO BE VACCINATED.

- 1.) Is the child sick today? Symptoms? YES NO Unsure
2.) Does the person have an allergy to eggs or a component of the vaccine?
3.) Has the person ever had a serious reaction to the Influenza vaccine?
4.) Has the person ever had Guillian-Barre Syndrome?
5.) Does the child have Asthma or any chronic condition?
6.) Is there a household member with an immunocompromised illness?
7.) If your child is 8yrs old or younger, did they receive the seasonal Influenza Vaccine last year?

I have been provided a copy of and have read or had explained to me the information about influenza and the vaccine to be given to my child. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to my child.

Parent Signature _____ Date _____

Date _____ Manufacturer _____ Lot# _____ State or Private

Dose 0.25ml, .5ml, or 0.2 Route _____ Site _____ VIS _____ Nurse _____