



**Influenza Vaccine Administration Consent Form  
2020-2021**

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

**Please respond to each question by checking the answer:**

- 1. Are you allergic to eggs?  Yes  No
- 2. Have you ever had a serious reaction to the flu vaccine?  Yes  No
- 3. Do you have a fever or active illness today?  Yes  No
- 4. Have you ever had Guillian-Barre syndrome?  Yes  No
- 5. Do you have a latex allergy?  Yes  No

**Informed Consent**

I have received and read the “Influenza Vaccine Information Statement” and request that I receive the vaccine. I have has the opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of taking the Influenza vaccine. I have also been informed that my information will be added to the WebIZ database.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Date Given: \_\_\_\_\_ IM Deltoid Site:  Right  Left

Administered by: \_\_\_\_\_

The vaccine contains viruses that are the same or similar to those thought to be most likely to come into the U.S this year 2020-2021

Manufacturer: _____
Lot#: _____
Expiration Date: _____
NDC: _____