



## Influenza Vaccination Consent Form

I/parental designee have received the Vaccine Information Statement (VIS) about the Influenza and vaccine. I have had the chance to review the VIS and to ask questions during the visit and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request the vaccine to be given at the time appropriate dates, to the person named below for whom I am authorized to make this request.

I am aware that if my insurance company does not cover vaccine costs, that I will be responsible for any/all charges incurred.

Please answer the following questions before the influenza vaccination is given.

1. Is the person to be vaccinated sick today, or had a fever in the last 24 hours?	YES	NO
2. Has the person to be vaccinated today have a bone marrow transplant in the last 6 months?	YES	NO
3. Has the person to be vaccinated had a serious reaction to influenza vaccine in the past?	YES	NO
4. Does the person to be vaccinated have a history of Guillain-Barre' syndrome within 6 weeks after a prior flu vaccine?	YES	NO

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/PATIENT or GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_