



## 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. Does the person to be vaccinated today have an allergy to eggs?	YES	NO
3. Has the person to be vaccinated had a serious reaction to influenza vaccine in the past?	YES	NO
4. Has the person to be vaccinated ever had Guillain-Barre' syndrome?	YES	NO

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

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