



## 2021-2022 Seasonal Influenza Vaccine Consent Form

**Please Print**

**Name:** \_\_\_\_\_

**Lawson ID#** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**HISTORY:**

1. Have you ever received an influenza vaccination in the past?      YES    NO
- \* If yes, did you have any problems?      YES    NO
- \* If yes, what kind of problems? \_\_\_\_\_
2. Do you currently have a cold, flu symptoms or a temperature?      YES    NO
- If yes, what symptoms? \_\_\_\_\_
3. Have you ever had Guillain-Barre Syndrome?      YES    NO
4. Do you have an egg allergy?      YES    NO

**CONSENT FOR VACCINATION:**

**I have been provided with the most current CDC Vaccination Information Sheet (VIS – 08/6/2021) that explains the benefits and risks of receiving influenza vaccination. As with all medical treatment, there is no guarantee that I will not experience an adverse side effect from the vaccine, or a mild case of flu-like symptoms. I request that the vaccine be given to me.**

**SIGNATURE:** \_\_\_\_\_

**MANUFACTURER:** Sanofi Pasteur Inc.

**Date:** \_\_\_\_\_

**Lot#** \_\_\_\_\_  
**Exp. Date** \_\_\_\_\_  
**Injection Site** \_\_\_\_\_  
**Dose 0.5ml** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_