

**Consent Form  
Influenza Vaccine 2020**

Before consenting to receive the influenza vaccination, please answer the following questions. The information you provide below is private and confidential and will not be used for any other purpose.

1. Have you had any adverse reaction to a previous Flu Vaccine? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe response \_\_\_\_\_
2. Have you felt faint after an injection in the past? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you Allergic to eggs or egg products? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you currently sick (do not include minor illness) Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have a history of Guillain-Barre Syndrome? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you ever had a reaction to Thimerosal? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you have any questions regarding the vaccine or risks? Yes \_\_\_\_\_ No \_\_\_\_\_

Contraindications for the Influenza Vaccine:

The Influenza Vaccine should not be administered to the following people:

- **People who have had a severe allergic reaction to the following, unless the person has been desensitized**
  - Severe allergy to eggs
  - Severe allergy to a prior dose of seasonal influenza vaccine
- Presence of acute illness

I have received information regarding the benefits and risks\* of Influenza Vaccine and agree to vaccination.

---

Print Name

Signature

Date

---

Address

Date of Birth

---

Phone number

email

SSN or FIT ID#

\*Risks/Side Effects: Most common is soreness at the injection site, which can last up to two days but does not usually affect an individual's ability to perform normal daily activities. Some people may notice mild fever, fatigue and muscles weakness that may last up to two days. Tylenol or ibuprofen products can be used to reduce these symptoms. Much less common side effects (one to two cases per million vaccinated) include allergic reactions and Guillain-Barre' syndrome (GBS).

OFFICIAL USE ONLY-----

Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Initials of provider \_\_\_\_\_