

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-Barré 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 _____

Phone _____ Email _____

Date of Birth _____ SSN or Florida Tech 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 muscle 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-Barré syndrome (GBS).

OFFICE USE ONLY

Lot # _____ Expiration Date _____ Initials of provider _____

