

Vaccine Information and Consent Form

Print Name: _____ DOB: _____

Circle one: student staff faculty affiliate

History, please circle answer:

- Y N Do you have a SEVERE **allergy to eggs** or chicken protein?
- Y N Do you have an allergy to the flu vaccine or any other vaccine?
- Y N Have you ever had a serious reaction to the flu vaccine or other vaccines in the past?
- Y N Have you ever had Guillian-Barre Syndrome following a flu vaccine?
- Y N Are you on any medicine or are you diagnosed with a condition that would compromise your immune system?

By signing below you consent to the wanting the vaccine and attest:

- ❖ I have read the Influenza Vaccine Information Sheet (VIS) of 8/6/21 from the CDC.
- ❖ I understand the Flu Shot is a non-infectious “killed virus” that **cannot** cause the flu, but common side effects of getting the vaccine are: soreness, redness, or swelling where the shot was given, hoarseness; sore, red or itchy eyes; cough fever aches. If these problems occur, they usually begin soon after the shot and last 1-2 days.

➤ Signature: _____
Date: _____

Vaccine Manufacturer: GSK

Lot Number//Expiration: FT779//Exp 30 June 2022

Site of injection: 0.5 cc IM L R deltoid

Date vaccine administered: _____ Signature of vaccine administrator: _____