

CONSENT FORM FOR SEASONAL INFLUENZA VACCINE

I have read or have had explained to me the information about influenza and influenza vaccine. I have had an opportunity to discuss the benefits and risks of influenza vaccine with a healthcare provider of my choice before coming here today. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me.

Please print:

Title: _____ **Name:** _____ **Last 4 digits of SSN:** _____
(FIRST) (MIDDLE) (LAST)

Company/Organization: Montgomery County Public Schools

Has the person receiving the vaccine ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers? Yes No

Does the person receiving the vaccine have multiple sclerosis, a history of Guillain-Barré syndrome, or a persistent neurological illness? Yes No

Is the person receiving the vaccine pregnant? Yes No (If yes, LAIV contraindicated, TIV recommended)

Signature of person receiving vaccine

Date

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY

Lot number: _____ Expiration Date: _____

CHECK ONE:

- 0.5 mL IM Influenza Virus Vaccine given in left deltoid
- 0.5 mL IM Influenza Virus Vaccine given in right deltoid
- Children 6-35 months: 0.25 mL/dose (1 or 2 doses per season) PINK SYRINGE PLUNGER
- Children 3-8 years: 0.5 mL/dose (1 or 2 doses per season)
- Children older than 9 years: 0.5 mL/dose (1 dose per season)

Nurse/ Provider's Signature

Date