

Flu Shot Consent Form



Section 1: Personal Information of Employee or Patient Receiving the Vaccine (please print)

NAME (Last)	(First)	(M.I.)
ADDRESS		
CITY	STATE	ZIP
AGE	GENDER M / F	DATE OF BIRTH

Section 2: Screening for Vaccine Eligibility

Please mark YES or NO for each question.

The following four questions will help us to know if you can get the influenza vaccine. If you answer "NO" to all of them, you can probably get the influenza vaccine. If you answer "YES" to one or more of the following questions, you may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options.	YES	NO
1. Do you have a serious allergy to eggs?		
2. Do you have an allergy to latex?		
2. Do you have any other serious allergies? Please list: _____		
3. Have you ever had a serious reaction to a previous dose of flu vaccine?		
4. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		
5. If you are female, are you pregnant?		

Section 3: Consent

CONSENT FOR VACCINATION:

I have read or had explained to me the 2010-2011 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to Care at Home, Inc. and its staff to be vaccinated with this vaccine. (If this consent form is not signed, then you will not be vaccinated)

I DO NOT GIVE CONSENT to Care at Home, Inc. and its staff to vaccinate me.

Signature of Employee or Patient: _____ Date: _____

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	IM Intranasal	/ /			