



## Influenza Vaccine (Fluzone – Injectable) Consent Form 2011-2012

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I have either requested or been offered the influenza vaccine (“flu vaccine”) and hereby consent to receive this vaccination.

**I have been advised that certain adverse reactions can occur with this vaccine to include localized rash and/or soreness at the injection site, fever, fatigue, and even possibly severe allergic reaction.**

**I know I don’t have allergies to eggs or latex, as this vaccine should not be given to persons with these allergies.**

**I have no history of Guillain-Barre Syndrome.**

**I do not currently have a moderate to severe febrile illness as this vaccine should not be given to persons with this syndrome or a history of such.**

I consent to the administration of the flu vaccine for prevention of influenza.

I have been given a copy of the CDC Vaccine Information Sheet.

I agree to be responsible for its payment.

\_\_\_\_\_  
Patient Signature Date

First/Yearly dose       Second dose

Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_

Site Given: \_\_\_\_\_ Dosage: 0.50 ml