



Influenza Vaccine Consent Form

Patient Name: _____ Date of Birth: _____

Employer: CITY OF TAMPA Employee ID: _____

Check the appropriate box: **Employee** **Spouse** **Dependent**

Please read through and complete questionnaire; discuss with the staff if you do not understand the questions.

- | | | |
|---|-----|----|
| 1. Have you ever had a bad reaction to any previous vaccines? | Yes | No |
| 2. Are you unwell today with an illness associated with a fever? | Yes | No |
| 3. Have you had a sever allergic reaction (shock, collapse, wheezing, rash) to eggs an/or chicken feather, neomycin, polymyxin, and gentamycin or a previous influenza vaccine? | Yes | No |
| 4. Have you suffered from Guillian Barre Syndrome in the past? | Yes | No |
| 5. Are you in agreement with the administration of an influenza vaccination to be given by the medical assistant or nurse? | Yes | No |

FOR CHILDREN

____ 4-8Y/O NOT PREVIOUSLY VACCINATED SHOULD RECEIVE TWO 0.5ML DOSES SPERATED BY FOUR WEEKS.

____ 4-8Y/O WHO RECEIVED ONLY 1 DOSE IN THEIR FIRST YEAR OF VACCINATION IN THE PREVIOUS SEASON SHOULD RECEIVE TWO 0.5 ML DOSES SEPARATED BY FOUR WEEKS.

____ 4-8Y/O WHO HAVE BEEN VACCINATED WITH TWO DOSES OF ANY INFLUENZA VACCINE IN THE PREVIOUS SEASON SHOULD RECEIVE ONLY ONE 0.5ML DOSE.

____ 9 YEARS AND OLDER RECEIVE ONE SINGLE 0.5ML DOSE.

I have read and understand this information and consent to receiving the influenza vaccine injection. I understand I will need to wait on-site for 10-15 minutes after the vaccine is administered.

Patient Signature: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

For Office use only:	Influenza	VIS given to Patient	Yes
First Dose Date: _____			
Vaccine Manufacturer: <u>Afluria</u>	Lot Number: <u>P100250196</u>	Expires: <u>06/30/2021</u>	
Injection Site: Rt/Lt Deltoid	Injection Route: IM	Dosage amount given: <u>0.5ml</u>	
Influenza vaccine given by: _____			
Second Dose Date: _____			
Vaccine Manufacturer: _____	Lot Number: _____	Expires: _____	
Injection Site: Rt/Lt Deltoid	Injection Route: IM	Dosage amount given: <u>0.5ml</u>	
Influenza vaccine given by: _____			