

Northlake Children's Associates Inactivated Influenza Vaccine Consent Form

Please answer the following questions:

Are you sick or do you have a high fever today? Yes No

Have you ever had a serious reaction to a flu shot or any component of a vaccine?
Yes No Unknown

Have you ever had Guillain-Barré Syndrome? Yes No Unknown

I have read the Inactivated Vaccine Information Statement (VIS) for the flu vaccine and have had a chance to ask any questions I may have. VIS sheets are located in each room. Common side effects are mild fever, aches, soreness, and redness at the injection site. Serious problems are rare, but can occur. I understand the benefits and risks of the vaccine, and request that it be given today:

Name of Individual to be Immunized: _____

Date of Birth _____

Parent/Legal Representative Signature: _____

Relation to Individual being Immunized: _____

Date Today: _____

OFFICE USE ONLY

Flu vaccine Lot #: _____ Exp: _____

Dose: 0.5mL 0.25mL STATE PRIVATE

Site of Injection: IM Right Left Deltoid Vastus Lateralis

Administered by: _____ Date: _____