

**2020-2021 Flu Vaccination  
Patient Consent Form**

Please complete and return this form (PLEASE PRINT)

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_

Please answer each question below.  
These answers will be reviewed by a healthcare provider prior to administration of the vaccine.

- |                                                                                                                |     |    |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does your child have any chronic medical conditions?                                                        | Yes | No |
| 2. Is your child allergic to any part of the vaccines<br>(eggs, egg protein, Gentamicin, gelatin, or arginine) | Yes | No |
| 3. Has your child ever had a reaction to an influenza vaccine?                                                 | Yes | No |
| 4. Has your child had a fever in the past 48 hours?                                                            | Yes | No |

*Request for administration of influenza for the above-named recipient:* I have been given the Influenza Vaccine Information Statement. I have read this document and have no further questions at this time. I understand the risks and benefits of the influenza quadravalent vaccine.

Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Guardian Name: \_\_\_\_\_ Relation to Pt: \_\_\_\_\_

**FOR ADMINISTRATION PERSONNEL ONLY**

Date: \_\_\_\_\_ Temp: \_\_\_\_\_

I, \_\_\_\_\_, have received and reviewed the consent form, which is complete, and have verified that the individual is eligible for Influenza vaccine.

**Private:**

Flumist (Quadravalent Live Intranasal)

0.50mL Fluzone (Quadravalent Intramuscular, Inactivated) in LA or RA in LT or RT

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VFC:**

Flumist (Quadravalent Live Intranasal)

0.50mL Flulaval for (6mo+) (Quadravalent Intramuscular, Inactivated) in LA or RA in LT or RT

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

F/U in 1 month

No F/U needed