



INFLUENZA VACCINE CONSENT 2020

Information about the person receiving the vaccine (Please Print)

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Mailing Address		Apt/Suite
_____	_____	_____
City	State	Zip
_____		_____
Date of Birth		Phone Number
SEX	RACE (Check all that apply)	HISPANIC ORIGIN
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> No <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown
GENDER IDENTITY		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> NB		HEALTH PLAN
		<input type="checkbox"/> No Insurance/ Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare _____ <input type="checkbox"/> Other _____
Have you ever had a reaction to a previous dose of influenza vaccine?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a serious allergic reaction to eggs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced an episode of Gullian-Barre Syndrome within the past six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read or have had explained to me the information in "Vaccine Information Statement: Influenza Vaccine: WHAT YOU NEED TO KNOW 8/15/2019." I have had a chance to ask questions. Any questions were addressed to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.		
X _____ <div style="text-align: center;">Signature</div>		_____ <div style="text-align: center;">Date</div>
For Clinic Use Only		
Dose Volume: <u>0.25mL</u> <u>0.5mL</u>		
Injection Site: <u> LD </u> <u> RD </u>	Route: <u> IM </u>	Signature of Vaccine Administrator
Manufacturer: _____	Lot Number: _____	Signature Date