



# INFLUENZA VACCINE CONSENT 2021

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
<b>SEX</b>	<b>RACE (Check all that apply)</b>	<b>HISPANIC ORIGIN</b>
<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"/> <b>Black</b> <input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Non-Hispanic</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Hispanic</b> <input type="checkbox"/> <b>Unknown</b>
<b>GENDER IDENTITY</b>		<b>HEALTH PLAN</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> NB		<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
<p>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.</p>		
X _____ <b>Signature of patient or parent/Guardian if minor</b>		_____ <b>Date</b>
<b>For Clinic Use Only</b>		
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