



# CONSENT FOR INACTIVATED INFLUENZA VACCINE

Cotton O'Neil Doctor \_\_\_\_\_

- 1. Have you had a fever greater than 100<sup>0</sup> F within the last 24 hours?  yes  no
- 2. Have you ever had a flu vaccine in the past?  yes  no
- 3. Have you ever had a reaction to the flu vaccine in the past?  
If yes, describe \_\_\_\_\_  yes  no
- 4. I consent to have this vaccine information included in the Kansas  
Immunization Registry (WebIZ).  yes  no

### **If You Have a Severe Reaction or one Lasting More than 24 Hours – See Your Doctor!**

I have been given the CDC Vaccine Information Sheet dated 08/05/2019  
 I understand benefits and risks of influenza vaccinations as described.  
 I request that the vaccine be given to me or to the person named below for whom I am authorized to sign.

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 (PRINT)

ADDRESS \_\_\_\_\_  
 Street City State Zip

PHONE NUMBER: \_\_\_\_\_

**X** \_\_\_\_\_  
 SIGNATURE OF PERSON TO RECEIVE VACCINE DATE  
 (OR PARENT OR GUARDIAN)

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 (For Office Use Only)

**FLULAVAL**  
*(Circle correct lot/expiration or write information)*  
 Lot # YH595 / Exp 06/12/2020  
 Lot # 3A929 / Exp 06/25/2020

**FLUAD**  
*(Circle correct lot/expiration or write information)*  
 Lot # 260389 / Exp 5/31/2020

Lot # \_\_\_\_\_ / Exp \_\_\_\_\_ Lot # \_\_\_\_\_ / Exp \_\_\_\_\_

**Injection Site:** L deltoid  L vastus lateralis   
 R deltoid  R vastus lateralis   
 Other \_\_\_\_\_

**Given by** \_\_\_\_\_ **Date** \_\_\_\_\_