



# 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 08/06/2021.  
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 # X4J9R / Exp 6/30/2022  
Lot #3A7CG / Exp 6/30/2022

**FLUAD Quad**  
(Circle correct lot/expiration or write information)  
Lot # 312848 / Exp 6/8/2022

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

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

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