



Stormont Vail Health

Cotton O'Neil Clinics and Stormont Vail Hospitals



Stormont Vail Health

FLINT HILLS CAMPUS



Stormont Vail

OB/GYN
LINCOLN CENTER

CONSENT FOR INACTIVATED INFLUENZA VACCINE

Cotton O'Neil Doctor _____

1. Have you had a fever greater than 100⁰ 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)

(For Office Use Only)

FLULAVAL
(Circle correct lot/expiration or write information)
Lot #FC22G / Exp 6/25/2024

FLUAD Quad
(Circle correct lot/expiration or write information)
Lot #371599 / Exp 5/30/2024

Lot #DC49G / Exp 6/30/2024

Lot # _____ / Exp _____ Lot # _____ / Exp _____

Injection Site: L deltoid R deltoid L vastus lateralis R vastus lateralis

Other _____

Given by: _____

Date: _____