



**2022 Influenza Consent Form**

Print Patient Name	Patient Date of Birth	Patient Age
Do you currently have an illness or fever?	YES	NO
Have you ever had an allergic reaction to the Influenza vaccine?	YES	NO
Do you have a history of Guillain-Barre Syndrome?	YES	NO

Influenza Virus Vaccine Information Sheet

The purpose of the influenza virus vaccine, quadrivalent or trivalent, types A and B is to reduce the likelihood of contracting influenza.

INFLUENZA VIRUS VACCINE SHOULD NOT BE ADMINISTERED TO INDIVIDUALS WITH A HISTORY OF

- **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)

***Infrequent side effects, generally inconsequential in adults, can include:***

1. Soreness around the vaccination site lasting up to 2 days.
2. Fever, malaise, and muscular aches – reactions, which may begin 6-12 hours after vaccination, and which can persist for 1 – 2 days.
3. Allergic reaction type symptoms – including hives, edema, or allergic asthma.
4. Guillain-Barre syndrome – an uncommon illness characterized by ascending paralysis, which is generally self-limited and reversible.

**Individuals who are currently ill and/or have a fever should not be vaccinated until symptoms have subsided.**

CONSENT

I have read the above statement pertaining to influenza virus vaccine, quadrivalent or trivalent, and types A and B. I have been advised of and understand those conditions in which the influenza virus vaccine should not be administered, and I am unaware of the presence of any of these conditions in myself. I have also been advised and understand the possible side effects of the influenza virus vaccine.

**Single unit of use vaccine is being used for all influenza immunizations and this product contains NO Thimerosal.**

\_\_\_\_\_  
Signature of individual receiving vaccine

\_\_\_\_\_  
Date

**Vaccine Information**

Manufacturer: \_\_\_\_\_ Sanofi \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NDC#: \_\_\_\_\_ Lot#: \_\_\_\_\_

Administration Site (circle one): Left Arm / Right Arm Dosage (circle one): \_\_\_\_\_ Regular / High Dose

Administered By: \_\_\_\_\_ Administration Date: \_\_\_\_\_