Influenza Vaccine Consent Form

Last Name: _____ First Name: _____

Address: _____ City: _____ Phone: _____

Date of Birth: Year_____ Month_____ Day_____ Age: _____

Risk Group (optional question): ☐ 65 Years and Older ☐ Healthcare Worker ☐ Medical Condition

Please answer the following questions:

1.	Are you feeling well today?	☐ Yes	☐ No
2.	Have you received a flu shot before?	☐ Yes	☐ No
3.	Have you ever had a reaction to any previous vaccine or injection?	☐ Yes	☐ No
4.	Are you under 19 years of age and undergoing treatment with ASA (acetylsalicylic acid) for long periods?	☐ Yes	☐ No
5.	Are you allergic to eggs, chicken, thimerosal/formaldehyde (preservative).	☐ Yes	☐ No
6.	Are you allergic to Kanamycin or Neomycin (antibiotic)?	☐ Yes	☐ No
7.	Have you ever been diagnosed with Guillain-Barré Syndrome?	☐ Yes	☐ No

Acknowledgement and Waiver

I have read the information about the influenza vaccine and had the chance to ask questions which were answered to my satisfaction. I consent to receiving the influenza vaccine.
I understand that I am to wait under observation at the clinic for the instructed time after the vaccine is given.

Signature: _____ Parent/guardian: _____
(if applicable)

Date of Signature: _____

For Nurse's Use Only:

<table>
<tr><td>Vaccine:
☐ Lot#: Exp. Date:
☐ Lot#: Exp. Date:</td><td rowspan="3">Date: _____
Time:_____
Site: _____</td></tr>
<tr><td>Dosage ☐ 0.5mL IM ☐ 0.7 mL IM High Dose Fluzone (65+)</td></tr>
<tr><td>Deltoid: ☐ Right ☐ Left</td></tr>
<tr><td>Anterolateral Thigh: ☐ Right ☐ Left</td><td></td></tr>
<tr><td colspan="2">Administered by: ___ as per current Medical Directive Administration of Vaccines</td></tr>
</table>

STUDENT WELLNESS | Health Services

J.T. Powell Bldg, University of Guelph, N1G 2W1
http://www/uoguelph.ca/studenthealthservices/