



Influenza Vaccine

Consent to Receive

I have been given an information sheet about this disease and the vaccine. I have read the information about influenza and influenza vaccine. VIS August 15, 2019

Please review the following questions prior to receiving the flu vaccine:

Do you have an allergy to eggs, chickens, the drug Gentamycin, or the preservative Thimerosal? ___ Yes ___ No

Have you ever had a severe reaction to the flu vaccine or other vaccines in the past? ___ Yes ___ No

NOTE: A severe reaction is a reaction other than irritation or discomfort at the injection site.

Do you currently have a fever? ___ Yes ___ No

Have you ever been diagnosed with an active neurological disorder or Guillain-Barre Syndrome? ___ Yes ___ No

If you check "Yes" to any items above, talk with your personal healthcare professional before receiving the flu vaccine.

Having read the above and my questions satisfactorily answered, I understand and consent to receive the influenza vaccination.

SIGNATURE

DATE

PRINT NAME

DATE OF BIRTH

For CorpOHS Use

Date VIS Given: _____

Date Vaccinated

Deltoid: _____ Left Right
Site of Injection

GSK/Sanofi Pasteur and Lot Number/Exp Date

Occupational Health Nurse