

HEALTH CARE PROVIDER INFLUENZA VACCINE CONSENT FORM 2020-2021

clinic stamp

Last name: _____ First name: _____ Phone number: _____

Street Address: _____ City: _____ Postal Code: _____

Male Female Date of Birth: Year _____ Month _____ Day _____ Age: _____

For children 6 months of age to less than 9 years of age who have NOT been previously vaccinated with **seasonal** influenza vaccine, is this the first or second dose of seasonal influenza vaccine this year?

First Second If second, please indicate the date of the first dose: ____/____/____ (year, month, day)

Are you feeling ill today?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
Have you ever had a serious or an allergic reaction to a vaccine?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
Are you allergic to thimerosal? (multi-dose vials only)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
Do you have a bleeding disorder?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
Are you on any medication that could affect blood clotting?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
Have you ever been diagnosed with:			
• Guillain-Barré Syndrome?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
• Oculorespiratory Syndrome?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please explain below
Please explain and "yes" answers provided above:			

I consent to receiving the seasonal influenza vaccine.

If signing for someone other than yourself, indicate your relationship to that other person: _____

If signing for someone other than myself, I confirm that I am the parent / legal guardian or substitute decision maker.

Signature: _____ Print: _____

Date of signature: _____

For Clinic Use Only:

1 1/2" needle

VACCINE	DOSE	LOT NUMBER	EXPIRY DATE	SITE / IM	TIME GIVEN	DATE GIVEN	GIVEN BY
	0.5 ml						

Comments: _____