

2015-2016 Seasonal Flu Vaccination Consent

Please print clearly

Table with 5 columns: Last Name, First Name, MI, SLAC ID# (6 digits) OR SU/Student ID# (8-9 digits), Date of Birth (mm/dd/yyyy)

I have an SHC/LPCH Badge I have a Blood Center Badge I am a physician in the School of Medicine

Please check the box which best describes you:

Table with 2 columns: Primary University Affiliate, Spouse/Domestic Partner (\*= \$32 charge). Lists various roles like Faculty, Employee, Student, etc.

Table for health questions with columns: Please mark YES or NO for each answer., YES, NO. Questions about allergies and reactions.

If you answered "Yes" to questions 1-4, vaccine may be contraindicated. Speak to your personal physician. If you answered "Yes" to question 5, you should postpone vaccination until you are feeling better.

Patient Consent

I have read the Vaccine Information Sheet (VIS) about the influenza vaccine. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risk of the influenza vaccine and request that it be given to me.

Signature of person receiving the vaccine Today's Date

FOR ADMINISTRATIVE USE ONLY table with columns: VIS Date, Date of Vaccination, Dose and Route, Vaccine Manufacturer, Lot Number, Expiration Date, and Vaccine Administrator/PCAP-S Student.