

LIFESPAN

FAMILY HEALTHCARE

2020-2021 INFLUENZA VACCINE ADMINISTRATION CONSENT

Patient: _____ Birth Date: _____

I have read/viewed the Influenza Information Statement (VIS) provided by the CDC, dated 8/15/19, and consent to the administration of the Flu Vaccine. I understand the possible side effects that may occur with this vaccine.

Have you had a serious allergic reaction to eggs or previous flu vaccine? YES NO

Are you sick today? YES NO

Have you had an attack of Guillain-Barre Syndrome (GBS)? YES NO

To the best of my knowledge, I have provided Lifespan Family Healthcare with all the pertinent health information necessary.

Patient/Parent Signature _____
Date

Date flu vaccine given

Injection site (location)

Medical Assistant Signature