



Consent to Receive Flu Vaccine

Complete the following questions:

- | | | |
|---|-----|----|
| Allergic to eggs or chicken products? | YES | NO |
| Have a fever in the past 24 hours? | YES | NO |
| Have a respiratory infection? | YES | NO |
| Have active infection or illness? | YES | NO |
| Ever had reaction to other immunizations? | YES | NO |
| Pregnant? | YES | NO |

Possible side effects from vaccine

Usually no side effects are present. This is not a “live” virus and cannot cause infection. Localized soreness at the injection site is possible. Occasional side effects may be a mild fever, myalgia or general malaise for one or two days. Immediate reactions occur rarely, usually for those people who have hypersensitivity to the components of the vaccine.

Consent

I certify that the answers stated above are true and complete to the best of my knowledge. I choose this voluntarily and give permission to the Longstreet Clinic, P. C. to administer the seasonal flu vaccine. I release all parties at Longstreet Clinic from all liability that may result from the administration of the flu vaccine.

Name (Print)

Date of Birth

Signature

Date

Lot #	Expiration Date	Vaccine Trade Name (Example: Afluria, Fluzone, Etc)	Site: L R (Circle one)
NDC#	LC Staff Administering Injection		