

Saint Mary's College
Health and Counseling Center
Influenza Virus Vaccine Consent Form and Administration Record
Flucelvax QIV 2018/2019 Formula

**Strains: A/Singapore/GP1908/2015 IVR-180 (H1N1) (an A/Michigan/45/2015-like virus);
A/North Carolina/04/2016 (H3N2) (an A/Singapore/INFIMH-16-0019/2016-like virus);
B/Iowa/06/2017 (a B/Colorado/06/2017-like virus);
B/Singapore /INFTT-16-0610/2016 (a B/Phuket/3073/2013-like virus).**

___ Student ___ Employee

INFORMATION ABOUT THE PERSON TO RECEIVE VACCINE (PLEASE PRINT CLEARLY)

Name: _____ Sex: F ___ M ___ DOB: _____
Last First M.I.

Phone (Cell or Campus): _____ Student Year of Graduation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

	NO	YES
1. Have you been vaccinated for the flu before?	_____	_____
2. Did you have any problem with previous flu shots?	_____	_____
3. Are you currently ill or feverish?	_____	_____
4. Do you have an allergy to chicken eggs, chicken, chicken feathers or chicken dander?	_____	_____
5. Do you have a history of Guillian-Barre Syndrome?	_____	_____
6. Do you have any known medication allergies?	_____	_____
7. Do you have any known bleeding disorder, hemophilia, thrombocytopenia, or on anticoagulant therapy?	_____	_____

I have read or have had explained to me in the Vaccine Information Statement about influenza and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me.

X _____ Date: _____
Signature of person to receive vaccine

_____ **For Clinic/Office Use Only** _____

Clinic: Saint Mary's College Health and Counseling Center

Vaccine Manufacturer and Lot Number: _____ Expires: _____

Dose: 0.5cc Site of Injection: Rt. Deltoid: _____ Lt. Deltoid: _____ or _____

Signature and Title of Vaccine Administrator: _____