

Saint Mary's College
Women's Health

**Influenza Virus Vaccine Consent Form and Administration Record
Fluzone 2013/2014 Formula**

Strains: A/California/07/2009 (H1N1), A/Texas/50/2012 (H3H2) and B/Massachusetts/02/2012

___ 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 Women's Health

Vaccine Manufacturer and Lot Number: _____ Expires: _____

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

Signature and Title of Vaccine Administrator: _____