

Saint Mary's College  
**Health and Counseling Center**  
**Influenza Virus Vaccine Consent Form and Administration Record**  
**Fluzone 2015/2016 Formula**

**Strains: A/California/07/2009 (H1N1), A/Switzerland/9715293/2013 (H3H2)  
 B/Phuket/30732013 (B Yamagata lineage) and B/Brisbane/60/2008 (B Victoria lineage).**

\_\_\_ 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: \_\_\_\_\_