



Triage 2024-2025 Consent Form for Influenza Vaccine

I have read or have had explained to me the information about influenza and influenza vaccine for 2024-2025. I have had an opportunity to ask questions about the disease and the treatment. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me.

NAME: _____ Date of Birth: _____
(Please Print)

PLEASE ANSWER THE FOLLOWING:

	Yes	No
1. Have you been provided the current influenza vaccine information sheet?		
2. Have you ever had a severe reaction to chicken, eggs, dander, feathers, gelatin, or other components of the vaccine?		
3. Do you have a history of Guillain-Barre Syndrome (GBS)?		
4. Have you had a severe reaction to the influenza vaccine in the past?		
5. Are you allergic to Thimersol or latex?		
6. Are you ill today?		
7. I am currently pregnant and my provider has recommended that I receive the flu vaccine.		

Signature of person receiving vaccine

Date

Brand Name: _____

Injection site: _____

Lot number: _____

Administered by: _____

Expiration Date: _____

Title: _____

Dose: 0.5 ml _____

Date Administered: _____

Clinic Name, address, and phone or clinic stamp: