



## Influenza Vaccine

### Consent to Receive

I have been given an information sheet about this disease and the vaccine. I have read the information about influenza and influenza vaccine. VIS August 7, 2015.

**Please review the following questions prior to receiving the flu vaccine:**

Do you have an allergy to eggs, chickens, the drug Gentamycin, or the preservative Thimerosal? \_\_\_ Yes  
\_\_\_ No

Have you ever had a severe reaction to the flu vaccine or other vaccines in the past? \_\_\_ Yes \_\_\_ No

**NOTE:** A severe reaction is a reaction other than irritation or discomfort at the injection site.

Do you currently have a fever? \_\_\_ Yes \_\_\_ No

Have you ever been diagnosed with an active neurological disorder or Guillain-Barre Syndrome?  
\_\_\_ Yes \_\_\_ No

**If you check "Yes" to any items above, talk with your personal healthcare professional before receiving the flu vaccine.**

**Having read the above and my questions satisfactorily answered, I understand and consent to receive the influenza vaccination.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE OF BIRTH

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**For CorpOHS Use**

Date VIS Given: \_\_\_\_\_

\_\_\_\_\_  
Date Vaccinated

Deltoid: \_\_\_\_\_ Left  Right   
Site of Injection

\_\_\_\_\_  
GSK/Sanofi Pasteur and Lot Number/Exp Date

\_\_\_\_\_  
Occupational Health Nurse