CORP OHS
Corporate Occupational Health Solutions, LLC

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.

I have had a chance to ask questions, which were answered to my satisfaction.

I believe I understand the benefits and risks of influenza vaccine and request that it be given to me.

I AM NOT ALLERGIC TO EGGS, CHICKENS, THE DRUG GENTAMYCIN OR THE PRESERVATIVE THIMEROSOL.

_____ _____

NAME (print) COMPANY

_____

ALLERGIES

_____

CHRONIC ILLNESSES

_____ _____

SIGNATURE DATE

For CorpOHS Use

_____ Deltoid: Left Right

Date Vaccinated Site of Injection

_____ _____

Manufacturer and Lot Number Occupational Health Nurse

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