INFLUENZA VACCINE CONSENT FORM

U2445AA

Manufacturer: Sanofi Pasteur Lot#: U2436AA Expiration Date: 30 Jun 08

10/6/07

Site: RA LA RT LT Date: 10/13/07 Time: _____ Nurse/MA: _____

11/17/07

Information about person to receive vaccine (please print)

_____ BIRTHDATE: _____ AGE: _____

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State ZIP

PLEASE CHECK THE FOLLOWING:

☐ YES	☐ NO	History of allergy to eggs
☐ YES	☐ NO	Serious reaction to previous flu vaccine
☐ YES	☐ NO	Ill with a "fever" at this time
☐ YES	☐ NO	Pregnant
☐ YES	☐ NO	History of GBS (Gillian Barre Syndrome

If "Yes" was answered to any of the above, the flu vaccine will not be given.
If you are pregnant, contact your physician for authorization.

HEALTH HISTORY:

- ☐ Chronic heart disease (such as CHF, CAD)
- ☐ Chronic lung disease (such as asthma, wheezing, RAD, bronchitis, emphysema)
- ☐ Diabetes mellitus
- ☐ Immunological disorder or immunosuppressive medication (such as some cancers (Hodgkins, multiple myeloma), HIV infection, cyclosporine, etc.)
- ☐ Renal disease
- ☐ Sickle Cell disease
- ☐ Spleen removal
- ☐ 6 months to 18 years of age receiving long term aspirin therapy
- ☐ 65 years of age or older

AUTHORIZATION

"I have read or have had explained to me the information in the influenza and influenza vaccine information statement sheet. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or my child for whom I am authorized to make this request."

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X_____ **Date:** _____