I, the undersigned, have read or had explained to me the vaccine information sheet (VIS). I understand the risks and benefits associated with the influenza vaccine and have had any questions satisfactorily answered. I voluntarily request that the vaccine be given to me or for the aforementioned person for whom I am authorized to make this request.

______________________________
Signature

______________________________
Date

Yes No

❖ Are you allergic to eggs?
❖ Have you had a fever > 100.0 F in the past 3 days?
❖ Have you ever had a serious allergic reaction to a FLU SHOT/FLU MIST?
❖ Are you allergic to Thimerosal (used in flu vaccine and some contact lens solutions)?
❖ Have you had Guillain-Barre Syndrome (paralyzing disorder)?
❖ Are you pregnant?

For Office Use Only

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<th>Manufacturer &amp; Lot #: __________________________</th>
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