

Influenza Immunization

Informed Consent

I hereby give the facility permission to administer an **influenza vaccination** annually, in the fall (October 1st through March 15th). To the best of my knowledge, I have not had an anaphylactic reaction to eggs. I have been instructed that as a result of this vaccination, I may experience some side effects such as:

Slight discomfort;
Soreness of the arm;
Redness of the arm;
Slight fever (occasionally); and
Muscle aches (occasionally).

Date

Signature – Resident / Employee

Date

Signature / Title – Witness

Refused

Reason: _____