

2024 FLU VACCINE CONSENT FORM

1. Are you feeling unwell today, if yes, mild/moderate/severe?
Yes No
2. Have you ever had an anaphylactic reaction to the flu shot?
Yes No
3. Do you have sensitivity to any of the following: thimerosal, gentamycin, tobramycin, amikacin, neomycin, kanamycin, or polysorbate?
Yes No
4. Are you receiving chemotherapy?
Yes No
5. Have you ever had Guillain-Barre' Syndrome within 6 weeks of getting a previous flu shot?
Yes No
6. Do you have a history of Oculo-Respiratory Syndrome within 24 hours of getting a previous flu shot?
Yes No
7. If this vaccine is for your child under the age of nine years, is it their first flu vaccine?
Yes No
8. Do you have any questions?
Yes No

I understand the flu shot information that has been provided to me and I have had an opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and I consent to obtaining it in the office today.