

Consent to Administer Influenza Vaccine

VIS Version Date Provided*: _____

As the individual identified below or his/her responsible party, I hereby confirm that I have received, read and understood the Vaccine Information Statement (VIS) and that all questions have been answered to my satisfaction. My healthcare providers have determined the medical appropriateness of the influenza vaccine and they have explained the benefits and potential risks associated with the use of this vaccine. I voluntarily assume full responsibility for any reactions that may result. I request that the influenza vaccine be given to me or the person named below for whom I am authorized to make this request.

Individual to Receive Vaccine: _____

Date: _____

Signature of Individual /
Responsible Party

Name (printed) of Individual /
Responsible Party Consenting to
Vaccine Administration

I do not wish to have the vaccine listed above administered at this time or wish to speak with my prescriber prior to making any further decision.

I decline to receive this vaccine.

Date: _____

Signature of Individual /
Responsible Party

Name (printed) of Individual /
Responsible Party Consenting to
Vaccine Administration

** According to the Centers for Disease Control and Prevention, each VIS may not be updated annually – only when they need to be. The most current influenza VIS is available for download at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>.*