



FLU VACCINE QUESTIONNAIRE AND CONSENT

Name: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Please answer the following questions:

Do you have an allergy to eggs or poultry? yes no

Do you have an allergy to Thimerosal? yes no

Do you have an allergy to latex? yes no

Have you received the flu vaccine in the past? yes no

If yes, what was the approximate date of last dose? _____

Have you ever had a reaction or problem with a flu vaccine? yes no

Were you ever paralyzed by Guillan-Bare Syndrome? yes no

Do you or a family member currently have a moderate or severe illness? yes no

By signing below, I acknowledge the following: I have read the information in the "Vaccine Information Statement" on the Influenza vaccine. I understand the risks and benefits associated with the influenza vaccination, and my questions have been answered. I wish to receive the influenza vaccine.

*Signature: _____ Date: _____
(*must be signed by parent if under 19 years of age)

*******For office use only*******

☐ Fluzone Sanofi Pasteur	☐ Fluzone High Dose Sanofi Pasteur	☐ VFC Fluzone Sanofi Pasteur
49281-0645-78	49281-126-88	49281-0426-50
Lot: 6UA59U1	Lot: 6UABGU1G	Lot: 6UA45U1G
Exp: 06/30/2027	Exp: 06/30/2027	Exp: 06/30/2027
Dose: 0.5mL	Dose: 0.5mL	Dose: 0.5mL

Circle site information: Left or Right Thigh or Deltoid

Administering Clinician: _____ Date: _____