

**PENDLETON COMMUNITY CARE
NORTH FORK PRIMARY CARE
HARMAN HEALTH CENTER**

**INFLUENZA VACCINE
CONSENT FORM**

I have been given a copy of the Center for Disease Control Vaccine Information sheet concerning the Influenza Vaccine. I have read this statement about influenza (flu), the vaccine, the risks and special precautions concerning this vaccination. I have had an opportunity to ask questions, and understand the benefits and risks of the flu vaccination. I understand that the vaccine may not be appropriate for:

- *People with an allergy to eggs or egg products, a prior reaction to the influenza vaccine, life threatening allergic reaction to thimerosal or a history of Guillain-Barre syndrome.*
- *People with fever or an active infection at the time the vaccine is administered.*
- *People who have recently suffered a seizure.*
- *People who have received an allergy shot within the last 24 hours.*

I do not have any of these conditions and I request that the vaccination be given to me. If the person to whom the vaccine is to be administered is a minor, I affirm that I have reviewed this information on behalf of such minor and I am authorized to give this consent on behalf of whom I am the parent or guardian.

Name of person to receive vaccine (please print)

Signature of person receiving vaccine

PCC/NFC/HHC ID #: _____

Relationship of person if other than self

____/____/_____
Date

High Dose

Intradermal

Regular

Pediatric Dose

Manufacturer: _____

Lot Number: _____

Expiration: ____/____/_____

Date Vaccinated: ____/____/_____

Administered by: _____

L or R Deltoid