

**ETHS Health Center 2024-2025
INFLUENZA VACCINE
STUDENT Consent and Administrative Record**

Name: Last First M

Address

Birthdate Age

Has the patient had a bone marrow transplant in the past 6 months?

☐ Yes ☐ No

Has the patient had an anaphylactic reaction to latex exposure?

☐ Yes ☐ No

Has the patient ever had a severe (anaphylactic) reaction to a flu shot?

☐ Yes ☐ No

Is the patient allergic to thimerosal (found in contact lens solution)?

☐ Yes ☐ No

Does the patient have a history of Guillain-Barré Syndrome (GBS)?

☐ Yes ☐ No

Does the patient currently have a fever, cough, congestion, or sore throat?

☐ Yes ☐ No

Is the patient currently pregnant?

☐ Yes ☐ No

"I have read or had read to me the 2021 INFLUENZA VACCINE INFORMATION STATEMENT provided. I understand the information explained about the influenza vaccine. My questions about the vaccine were answered to my satisfaction. I understand the benefits and risks of this vaccine. I ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems with this vaccination."

X
Signature of patient parent/guardian

Date

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Sanofi

LOT # EXP DATE MANUFACTURER SITE OF INJECTION

ADMINISTERED BY

DATE ADMINISTERED