



Influenza Vaccination Consent Form

Please Print Your Name below:

Last Name	First Name	Middle Initial	Fermilab ID
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	Please circle	
Have you had an <i>allergic reaction</i> to a previous influenza vaccination?	Yes	No
Do you have an allergy to eggs, thimerosal (mercurial antiseptic), or latex?	Yes	No
Have you ever been diagnosed with Guillain-Barré syndrome?	Yes	No
Do you have a fever, illness, or active infection?	Yes	No
Do you have an active neurological disorder?	Yes	No
Do you have a known or suspected pregnancy? (written consent from your prenatal MD is required to have the shot)	Yes	No

I have read or have had explained to me the influenza vaccine information statement (2013-14). I have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me.

Signature Date _____

Date vaccinated: _____

Manufacture: Sanafi Pasteur - Lot Number: UH 895 AB Expiration date: 30 Jun 14

Lot Number: UH 918 AB Expiration date: 30 Jun 14

Site of injection: Left deltoid Right deltoid

Signature of RN giving the injection: _____