

SUNY Potsdam
Student Health Services
2009 Seasonal Influenza Vaccine Consent

Information about person to receive vaccine (please print):

Name: _____ Date of Birth: _____ Age: _____
Last First M.I. mm/dd/yy

Local Address: _____
Street City

_____ State Zip Code

Telephone #: _____ Family Physician: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Allergy to eggs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergy to latex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergy to Thimerosal or Mercury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Previous reaction to flu vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Guillain-Barre' Syndrome | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE ANSWER THE FOLLOWING.

- | | | |
|----------------------------------------------------|------------------------------|-----------------------------|
| Have you had any injections recently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been ill in the last 7 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did this illness include a fever?
(Ladies only) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is your weight? | _____ | |

ARE YOU TAKING ANY MEDICATION? YES NO

If yes, please list: _____

I agree to wait the required 15 minutes after receiving my shot, and to give my primary care provider a copy of the certificate listing the immunization I received today. Furthermore, I certify I have received, read, and understand the seasonal flu Vaccine Information Statement dated 8/11/09. I have answered the questions above to the best of my ability and consent to receive the seasonal flu vaccine today.

Signature of person to be vaccinated

Date

If the person to receive the vaccine is <18 years old, I certify I have received, read, and understand the seasonal flu Vaccine Information Statement dated 8/11/09. I have answered the questions above to the best of my ability and I consent to allow the person named above to receive the seasonal flu vaccine today.

Signature of parent/guardian

Date

Please administer the 2009 seasonal flu vaccine: _____
Signature of Provider