



## Flu (Influenza) Consent for Vaccine Administration

**Description** The Influenza vaccine can prevent influenza (flu). The Centers for Disease Control and Prevention (CDC) recommends everyone 6 months and older receive the Influenza vaccine every flu season. The flu vaccine is made each year to protect against the virus strands most likely to cause sickness in the upcoming flu season. The flu vaccine prevents millions of illnesses, hospitalizations, and deaths each year.

**Recipient must be 9 years of age or older to receive vaccine at SKMC drive through flu clinics**

**Section 1 Please print Demographic Information**

First Name	Middle Initial	Last Name	Date of Birth ____ / ____ / ____ M M    D D    Y Y Y Y
Home Address		Phone Number  ( ____ ) ____ - ____	

**Yes    No**

- 1. Do you currently have a moderate or severe acute illness or fever?**  
*If yes, you should receive the vaccine when you feel well.*
- 2. Have you previously had a severe allergic reaction or other reaction after receiving a vaccine?**  
*If yes, talk with your doctor about your ability to receive this vaccine. If unable, OSF Mission Partners will need to request a medical exemption.*
- 3. Do you have a severe egg allergy that causes anaphylaxis?**  
*If yes, talk with your doctor about receiving an egg-free alternative flu shot.*

**Section 3 Accept Vaccine**

I accept the Flu vaccine and I have been offered the CDC Vaccine Information Sheet (VIS).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*For Vaccine Administrator Use Only*

<b>Manufacturer</b>	<b>Lot Number</b>	<b>Expiration Date</b>	<b>Circle Site/Deltoid</b>
_____	_____	____ / ____ / ____	Left    Right

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_