



PATIENT CONSENT FORM FOR SEASONAL INFLUENZA VACCINE

I have read, or have had explained to me, the CHC Vaccine Information Statement about influenza and the influenza vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barre syndrome. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me (or person named below for whom I am authorized to make this request).

PATIENT NAME: _____ DATE OF BIRTH: _____
(FIRST) (LAST)

PARENT/GUARDIAN'S NAME: _____

1. Has the person receiving the vaccine ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers? Yes No
2. Does the person receiving the vaccine have a history of Guillain-Barre syndrome or a persistent neurological illness? Yes No
3. Is the person receiving the vaccine pregnant? Yes No
4. Is the person receiving the vaccine allergic to Thimerosal (preservative found in contact lens solution), any vaccine ingredient, or latex? Yes No

Signature of person receiving vaccine OR Parent/Guardian

Date