

Section 1: Information about Person to Receive Vaccine (please print)

Name (Last)	(First)	
Date of Birth	Age	M/F
Daytime Phone Number	Employer	

Section 2: Please mark the corresponding boxes that apply to you:

1. Pre-Immunization Conditions: For your protection, you must accurately respond to each question in this section:

Yes No Do you suffer from allergy or sensitivity to egg, egg products, thimerosal (mercury derivative used as a preservative)?

Yes No Do you currently have an elevated body temperature (fever), acute respiratory or other active infections or illnesses?

Yes No Are you currently taking antibiotic?

2. Personal History: Has a physician or healthcare provider ever told you that you have or had any of the following conditions?

Please Mark All boxes that apply:

Yes No Do you have a history of a neurological disorder causing temporary paralysis called Guillain-Barre syndrome?

Yes No Have you had tightening in your throat or inability to breathe, an allergic reaction immediately after a previous vaccination?

Sections 3: Consent

Consent of vaccination: Most commonly the reactions may be sore or tender arm at the injection site if given a shot, or possibly fever, chills, headache or muscle aches. Symptoms usually last between 24-48 hours. I release Middle Park Medical Center and its affiliates from responsibility of any reaction resulting from the injection and I take full responsibility to seek medical attention should more severe symptoms occur. I acknowledge I have no condition including, but not limited to, those listed in Section 1 above "Pre-Immunization Conditions", that would prevent me from receiving an influenza vaccination at this time.

I have read CDC's (Center for Disease Control and Prevention) fact sheet titled "*Influenza Vaccine What You Need to Know*", issuance date **08/06/2021** and have had my questions answered to my satisfaction, regarding the Influenza Vaccine, including risks and benefits and possible adverse reactions or complications associated with the vaccine.

I give consent to Middle Park Health and its staff to administer the 2021 – 2022 Seasonal Influenza Vaccine to me.

Signature:

Date:

Parent/Guardian Signature if under 18:

Paid: \$20.00 Date:

Lot #:

Injection Site:

Expiration Date:

Manufacturer:

Left

Right