

**TAYLOR REGIONAL HOSPITAL
CARDINAL KIDS**

FLU VACCINE CONSENT

Patient Name _____
DOB _____ **Homerroom** _____

Influenza is a highly infectious, serious respiratory illness that kills an average of 79,000 people yearly and hospitalizes more than 960,000 persons in the U.S. each year.

THE SIMPLE FACTS:

- The vaccine has been proven to reduce the risk of acquiring the flu and reduces the risk of flu-related hospitalizations.
- It is biologically impossible to get the flu from the vaccination.
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PLEASE ANSWER THE FOLLOWING QUESTIONS

Yes

No

Have you had a severe (life-threatening) allergy to a vaccine in the past?

Have you had the paralytic illness Guillian-Barre' Syndrome?

Do you have an allergy to medications/food/vaccine component/latex?

Are you moderately or severely ill at this time?

I have been given the opportunity to ask questions and understand by signing below, I am consenting to the administration of the Influenza Vaccine and acknowledge receipt of the Influenza Vaccine VIS (8/6/21) <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>

Signature

Date

Completed by staff:

Date
Time
Manufacturer
Lot#
Expiration

Date
Site
(Deltoid)
Administered by
VFC or Private

Left Right

Reported Side
Effects: _____