

2023-2024  
**INFLUENZA VACCINE  
CONSENT FORM**

**Occ Med at MCCH  
300 S. 8th St. Suite 376 W  
Murray, Ky 42071**

Influenza is a virus that causes a severe form of respiratory tract infection with generalized body symptoms. It spreads around the world in epidemics and is responsible for much illness as well as deaths. The vaccine offered this season is that is recommended by the World Health Organization (WHO) for the strains of the flu virus expected to be circulating this year. The effectiveness of the vaccine is short lived and revaccination should occur on an annual basis to protect.

**I have read the above statement and the Vaccine Information Statement (VIS) for Influenza Vaccine (Inactivated and Recombinant) (publication date 8/6/2021) and have had an opportunity to ask questions regarding the use of flu vaccine. I attest that the following statements are true:**

- I have not had a previous severe reaction to any flu vaccine**
- I have never had Guillain-Barre syndrome**
- I have never had a fever or have tested positive for COVID-19**

**I would like to request the administration of this vaccine:**

Print Name Clearly \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ SSN: \_\_\_\_\_ - - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use Only

Do not administer the Flu Vaccine if the employee answers yes to any of the following:

- A previous severe reaction to a vaccine
- Diagnosed with Guillain-Barre syndrome
- U H F X U U H Q W O \ ‡ L r O r Positive for COVID-19**

**Attach Syringe Label Here:**

Vaccine Administered: \_\_\_ Right Deltoid \_\_\_ Left Deltoid Other: \_\_\_\_\_

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vaccine Information Statement for Influenza Vaccine (Inactivated and Recombinant) dated 8/6/2021 provided at the time of vaccination