



UNIVERSITY HEALTHCARE ALLIANCE

Influenza Vaccination Release Form 2017-18

The vaccine cannot cause influenza. The most common side effect is arm soreness or mild redness with the influenza injection.

The following people should consult their doctor before taking influenza vaccine:

- ◆ Women who are or might be pregnant
- ◆ Persons receiving chemotherapy
- ◆ Persons with a history of bleeding disorder or on anticoagulant therapy

The following information must be completed before we can administer the vaccine.

1. Patient's Name: _____
please print clearly and legibly

2. Date of birth: ____ / ____ / ____

Please check the appropriate box for each of the following questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have an allergy to eggs or egg products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an active neurological disorder such as multiple sclerosis or Guillain-Barre syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you currently have an upper respiratory infection, fever or viral infection? | <input type="checkbox"/> | <input type="checkbox"/> |

I have read and understand the above information. In requesting the influenza vaccine, I understand and accept vaccine will be given at the discretion of Menlo Medical Clinic. **I consent for the administration of the influenza vaccine.**

Patient /Parent/Guardian Signature

Date

-----Clinic Use only-----

Manufacturer: Sanofi Lot number: _____ Expiration date: 6/30/18

Site: Left deltoid / Right deltoid /Other _____

Administered by: _____ Date: _____

Date: _____

Date on VIS given: 8/7/15