

## 2017-18 Influenza Vaccination Screening and Consent Form

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_ AGE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you: Staff  Faculty  Sodexo  Student  PAWS ID#: \_\_\_\_\_

FLUARIX QUADRIVALENT VACCINE 2017-18 is designed for the prevention of disease caused by influenza A subtype viruses (H1N1 & H3N2) and type B viruses contained in the vaccine. It is not a “live” vaccine. No vaccine is 100% effective. Contraindications include a history of severe allergic reactions (e.g., anaphylaxis) to any component of the vaccine, including egg protein, or following a dose of any influenza vaccine. This vaccine does NOT contain any preservatives such as thimerosal. There is NO natural rubber latex in the pre-filled syringes. Fainting has been associated with the administration of injectable vaccines and has resulted in serious injuries. We, therefore, recommend that you sit for 15 minutes before leaving the room. Annual vaccination is recommended because immunity declines during the year after vaccination, and because influenza virus strains change from year to year.

***Please answer the following questions:***

1. Are you sick today?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever had a severe allergic reaction to egg protein?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever had a severe allergic reaction to any component of influenza vaccine: gelatin, octoxynol-10 (Triton X-100), $\alpha$ -tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sucrose, sodium phosphate buffer, sodium chloride?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever had a severe allergic reaction to influenza vaccine in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever had Guillain-Barré Syndrome (a severe paralytic illness called GBS) within 6 weeks after receiving a previous influenza vaccination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have a bleeding disorder such as hemophilia or are you on anticoagulant (blood thinner) therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you 18 years of age or older? If not, has your parent/legal guardian signed this consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you have court-appointed legal guardian? If so, has your legal guardian signed this consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read or had explained to me the information on the Influenza Vaccine Information Statement (VIS) dated 8/7/15. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me, or to the person named above for whom I am authorized to make this request (*parent/legal guardian*). I understand that I should wait 15 min after vaccination before leaving the area.

\_\_\_\_\_  
*Signature of person receiving vaccine (or parent/legal guardian, if applicable)*

\_\_\_\_\_  
*Date*

**STAFF USE ONLY**

Fluzone® Quadrivalent 2017-18 Influenza Virus Vaccine – Sanofi Pasteur, 0.5 mL Lot#: UI823AD Expires: 6/30/18

Site Given: IM Deltoid – Left  IM Deltoid – Right

Form Reviewed and Vaccine Administered by \_\_\_\_\_ Date \_\_\_\_\_