



180 Park Ave, 1st Floor  
Portland, Maine 04102  
(207) 874-2141

### 2017-2018 Influenza Consent Form

Name (Last, First, MI):

\_\_\_\_\_

DOB:

- 1. Do you have a serious allergy to eggs? Yes No
- 2. Do you have any other serious allergies that you know of? Yes No  
If yes, please list: \_\_\_\_\_
- 3. Have you ever had a serious reaction to the flu vaccine? Yes No
- 4. Are you sick today? Yes No
- 5. Have you ever had Guillain-Barre Syndrome (a type of temporary, severe muscle weakness) within 6 weeks after receiving a flu vaccine? Yes No
- 6. Do you have any conditions that weaken your immune system or care for anyone with a weakened immune system? Yes No
- 7. Are you taking anti-viral medicines (like Tamiflu, Relenza) or aspirin? Yes No
- 8. For Children under 8 years of age: Have they had flu vaccine before? Yes No
- 9. Do you have a seizure disorder or cerebral palsy? Yes No
- 10. Are you pregnant? Yes No
- 11. Do you have asthma or wheezing? Yes No

**Consent:**

I have received the Vaccine information form and agree to have the Influenza vaccine administered:

Signature:

---

---

**Vaccination Record**

Vaccine	Route	Date Administered	Dose Number (1 <sup>st</sup> or 2 <sup>nd</sup> )	Vaccine Manufacturer	Lot Number	Exp Date	Name & Title of Administrator