

## 2023-2024 Seasonal Influenza Consent Form (For ages 6 months and up)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (YY/MM/DD) \_\_\_\_\_ Age \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Check Yes or No to the following questions:	YES	NO
Are you feeling ill today?		
Have you ever had a reaction after receiving a flu vaccine including a severe allergic reaction (anaphylaxis), Guillain-Barre Syndrome, or Oculo-Respiratory Syndrome?		
Do you have any allergies?		

**I have read or had explained to me the information about the vaccine, benefits, side effects and risk of immunization. Any questions have been answered to my satisfaction.**

X \_\_\_\_\_

Client Signature

Date

### NURSE USE ONLY

Verbal Consent Obtained from:  Client  Parent/Legal Guardian Name: \_\_\_\_\_

The client has been explained the information about the vaccine, benefits, side effects and risk of immunization.

Any questions have been answered to their satisfaction.

Fluzone Quad 0.5 mL IM (6 months +) Lot # \_\_\_\_\_ Exp. \_\_\_\_\_

Fluad 0.5mL (65 yrs and up) Lot # \_\_\_\_\_ Exp. \_\_\_\_\_

FluLaval Tetra 0.5mL IM (6 months +) Lot # \_\_\_\_\_ Exp. \_\_\_\_\_

Fluzone High-Dose 0.7 mL IM (65+ yrs) Lot # \_\_\_\_\_ Exp. \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Deltoid Lt Rt Anterolateral Thigh Lt Rt

Nurse Signature \_\_\_\_\_

2023 IMT-600 Flu Consent English