Flu Vaccination Consent Form

I, _____ , Consent to the administration of Flu Vaccine. I am aware that some people experience pain at the site of injection and some may experience fever.

I testify that I have none of the conditions listed below:

- A severe allergy to hen's eggs
- A sever reaction to a flu shot in the past
- A history of Guillain-Barré Syndrome (GBS) in the 6 weeks after getting a flu shot

Please add clinic stamp to the space below if applicable:

Name (print) _____

Signature _____

Date _____

To Be Completed by Person Administering Flu Vaccine

Administered Date _____

Location Providing Flu Vaccine _____

Clinic Full Address _____

Phone Number _____

Site of Injection _____

Lot # and Dosage _____

Manufacturer _____

Expiration Date _____

Administered By _____

Signature _____