Choice
Flu Vaccinations, LLC

Influenza Vaccination Consent and Release Form

Temperature: ________

Date: _______________

Please provide information for individual receiving vaccine.

Last Name	First Name	MI	Age	DOB

Street Address	City	State	Zip

Phone Number	Email Address

Please read and answer the questions below, if you have any questions please discuss with your vaccine administrator.

The information you provide is private and confidential and will not be used for any other purpose.

Questions for discussion (please check appropriate boxes)

1. Have you received an Influenza vaccination in the past? ☐ Yes ☐ No
2. Have you experienced any significant problems after vaccination? ☐ Yes ☐ No
3. Are you allergic to eggs or egg products? ☐ Yes ☐ No
4. IF UNDER 9 YEARS OF AGE: Have you received 2 doses of flu vaccine before July 2017? ☐ Yes ☐ No
5. FOR WOMEN: Are you pregnant or breastfeeding? ☐ Yes ☐ No
6. Do you have a history of Guillain-Barre Syndrome (temporary severe muscle weakness)? ☐ Yes ☐ No
7. Do you have a Thimerosal allergy? ☐ Yes ☐ No

VACCINE ADMINISTRATION CONSENT and RELEASE

I have read or have had explained to me the information provided about Influenza and the Influenza vaccine. I have had an opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the Influenza vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to sign. I hereby release *Choice Flu Vaccinations, LLC* from any and all liability associated with the administration and potential side effects of the vaccine.

Signature: ____ Date: ______________________

ADMINISTRATIVE USE ONLY

Vaccine	**Site**	**Manufacturer**	**Lot #:**
☐ IM (from 10 dose vial 0.5mL) ☐ IM Adult Preservative-Free 0.5mL ☐ IM Pediatric Preservative-Free 0.25mL	☐ Left Deltoid ☐ Right Deltoid ☐ Left Thigh ☐ Right Thigh ☐ Other ___________	☐ Seqirus	**Expiration Date:**

Signature of Vaccine Administrator ____

Date Vaccination Given ______________ Cash ________ Check ________ CC ________