

**ETHS Health Center 2025-2026**  
**INFLUENZA VACCINE**  
**STUDENT Consent and Administrative Record**

Name: \_\_\_\_\_  
Last First M

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Has the patient had a bone marrow transplant in the past 6 months?

Yes  No

Has the patient had an anaphylactic reaction to latex exposure?

Yes  No

Has the patient ever had a severe (anaphylactic) reaction to a flu shot?

Yes  No

Is the patient allergic to thimerosal (found in contact lens solution)?

Yes  No

Does the patient have a history of Guillain-Barré Syndrome (GBS)?

Yes  No

Does the patient currently have a fever, cough, congestion, or sore throat?

Yes  No

Is the patient currently pregnant?

Yes  No

"I have read or had read to me, the INFLUENZA VACCINE INFORMATION STATEMENT dated 1/31/2025 provided. I understand the information explained about the influenza vaccine. My questions about the vaccine were answered to my satisfaction. I understand the benefits and risks of this vaccine. I ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems with this vaccination."

**X**  
\_\_\_\_\_  
Signature of patient parent/guardian

\_\_\_\_\_  
Date

FOR OFFICE/CLINIC USE ONLY			
LOT # INJECTION	EXP DATE	Sanofi MANUFACTURER	SITE OF
ADMINISTERED BY	DATE ADMINISTERED		