

## Patient Consent Form and Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccine

For patients (both children and adults) to be vaccinated:

The following questions will help us determine if there is any reason we should not give you or your child the inactivated injectable influenza vaccination today. **If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated**, it just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a <b>severe</b> allergy to any part of the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a <b>serious</b> reaction to the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received any cancer treatments or had a bone marrow/stem cell transplant within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**By signing below, you give consent to be vaccinated by The Corvallis Clinic staff named below and acknowledge that you have read the vaccine information statement (VIS) for the 2022-2023 influenza vaccine and understand the risks and benefits.**

Patient \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name (print) DOB Signature (patient or legal guardian) Today's Date

CLINIC USE ONLY						
Mfr.	Vaccine	Dose	Site	Location	VIS Date	Lot # / Exp. Date
<b>Private Vaccines</b>						
	(≥6m)	0.5 mL	Deltoid   Vastus Lateralis	R   L	08/06/2021	Place vaccine sticker below <b>OR</b> fill in:
	(≥65yr)	0.7 mL	Deltoid   Vastus Lateralis	R   L	08/06/2021	
	(≥18yr)	0.5 mL	Deltoid   Vastus Lateralis	R   L	08/06/2021	
<b>VFC Vaccines</b>						
	(≥6m)	0.5 mL	Deltoid   Vastus Lateralis	R   L	08/06/2021	Lot # _____
	(≥6m)	0.5 mL	Deltoid   Vastus Lateralis	R   L	08/06/2021	Exp. Date _____
	(≥6m)	0.5 mL	Deltoid   Vastus Lateralis	R   L	08/06/2021	

Administered by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name (print) Signature Today's **Date & Time**

Immunization Action Coalition. (2022, May 20). Screening Checklists. Retrieved from <http://www.immunize.org/handouts/screening-vaccines.asp>