The Corvallis Clinic™

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 the inactivated injectable influenza vaccination today. **If you answer "yes" to any question, it does not necessarily mean you 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?	☐	☐	☐
2.	Do you have a **severe** allergy to any part of the flu vaccine?	☐	☐	☐
3.	Have you ever had a **serious** reaction to the flu vaccine?	☐	☐	☐
4.	Have you ever had Guillain-Barré syndrome?	☐	☐	☐
5.	Have you received any cancer treatments or had a bone marrow/stem cell transplant within the last 6 months?	☐	☐	☐
6.	Have you ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
7.	Are you feeling anxious about getting a shot today?	☐	☐	☐

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 2023-2024 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
Private Vaccines						Place vaccine sticker below **OR** fill in: **Lot #** _____ **Exp. Date** _____
SANOFI	Fluzone Quadrivalent INFLUENZA VACCINE (≥6m)	0.5 mL	Deltoid | Vastus Lateralis	R | L	08/06/2021	
SANOFI	Fluzone High-Dose Quadrivalent (≥65yr)	0.7 mL	Deltoid | Vastus Lateralis	R | L	08/06/2021	
SANOFI	Flublok QUADRIVALENT Influenza Vaccine (≥18yr)	0.5 mL	Deltoid | Vastus Lateralis	R | L	08/06/2021	
VFC Vaccines						
gsk	Fluarix Quadrivalent (≥6m)	0.5 mL	Deltoid | Vastus Lateralis	R | L	08/06/2021	
gsk	FluLaval Quadrivalent (≥6m)	0.5 mL	Deltoid | Vastus Lateralis	R | L	08/06/2021	
Seqirus	FLUCELVAX QUADRIVALENT (≥6m)	0.5 mL	Deltoid | Vastus Lateralis	R | L	08/06/2021	

Administered by _____ / _____ / _____

Name (print) *Signature* *Today's **Date** & **Time***

Immunization Action Coalition. (2023, August 10). Screening Checklists. Retrieved from http://www.immunize.org/handouts/screening-vaccines.asp

UPDATED 08/23/2023

CLINIC USE ONLY

Circle One → **Private** / **VFC**