



DISTRICT _____

CONSENT FOR SEASONAL INFLUENZA VACCINE

I have been given a copy of the Vaccine Information Statement (VIS) and have had the opportunity to review it, as well as ask questions regarding the vaccine. My questions were satisfactorily answered. I believe I understand the benefits and the risks of the influenza vaccine. I understand this consent form will become part of my medical record at the Platte County Wellness Center (PCWC) and will be kept in accordance with the PCWC Privacy Policies. I am aware that the PCWC Privacy Policies are available for my review at the PCWC or may be found at www.pcr3wellnesscenter.com.

Patient Information (Person to Receive Vaccine) *Please Print*

Last First MI Birth Date Age

Street Address

City State Zip Telephone # Sex M F

Please answer the following questions as it pertains to the person receiving the vaccine:

Fever of 100.0 or greater in the past 72 hours? Yes No

Allergy to eggs or neomycin? Yes No

Have you received any other vaccine in the past 2 weeks? If yes, what vaccine and when? _____

Allergy to latex, or a previous dose of flu vaccine? Yes No

Epilepsy or other nervous system condition? Yes No

History of Guillain-Barre syndrome? Yes No

History of severe swelling or severe pain following a previous dose of flu vaccine? Yes No

If answered yes to any questions, please explain: _____

Is the person receiving the vaccine pregnant? Yes No

Signature of Patient/guardian: _____ Date: ____/____/____

*****For Office Use Only****

Date vaccinated: ____/____/____

Route: Intramuscular

Injection Site: (R) or (L) Deltoid

Signature/Title: _____

Place label here for individual vial:

Platte County Wellness Center
1305 Plaza Ct
Platte City, MO 63079