



Rockingham County - Employee Health Services

117 North Road
Brentwood, NH 03833
Phone: 603-679-9118 Fax: 603-679-9329

INFLUENZA VACCINATION CONSENT

Name: (please print) First: MI: Last:

Employee ID Number: Date of Birth:

Department: Extension: Shift:

Please mark Yes or No for each questions.

- 1. Do you have a severe allergy to eggs? NO YES
2. Are you allergic to Thimerosal (Mercury), formaldehyde or gelatin? NO YES
3. Have you had a serious adverse reaction after receiving a previous flu vaccine? NO YES
4. Do you have a history of Guillain-Barre syndrome (GBS)? NO YES
5. Do you presently have an acute respiratory or other active Infection or illness? NO YES
6. Do you have an active neurological disorder? NO YES
7. Have you had a severe allergic reaction to latex? NO YES

By signing below, I have read and understand the Vaccination Information Statement (VIS) or have had it read to me. I have had an opportunity to ask questions and have had them answered to my satisfaction and I understand the risks and alternatives of this vaccine.

Signature Date Time

Expiration: This consent is valid and effective as it pertains to this episode of care

Signature of parent, Legal Guardian, Agent under Durable Power of Attorney Date Time
For Healthcare. Surrogate or Appropriate Consenting Party (Please Circle One)

Witness Date Time

FOR CLINIC USE ONLY - INFLUENZA VACCINE

Vaccine Manufacturer: Sequirus Lot #: 261203 Exp. Date: 6/24/2020
Site of Injections: Right Deltoid Left Deltoid Dose: 0.5 ml Route: Intramuscular
Administered By: Kristen E. Babicki, APRN Date: Time:
Reaction:
Treatment, if any:

NOTES: