

# 2022-2023 INACTIVATED INFLUENZA VACCINE CONSENT



Ascension

Please print legibly.

<b>NAME:</b>				
<b>DATE of BIRTH:</b>				
<b>Employer (circle):</b>	City	County	RUSD	<b>Today's Date:</b>

<b>INACTIVATED INFLUENZA VACCINE ADMINISTRATION RECORD</b>		
<b>Please answer the following questions:</b>		
• Are you ill with a fever (temperature of 100.4 F or greater) today?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
• Have you had any previous severe reaction to an influenza vaccine?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
• Have you ever been diagnosed with Guillain-Barré Syndrome?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<i>I have received and read the Flu Vaccine Information Statement , had questions answered to my satisfaction, and consent to receive the Flu Vaccine today:</i>		
<b>Signature of vaccine recipient:</b> _____		<b>Date:</b> _____

Office Use Only			
<b>Date Administered:</b>		<b>Site of Injection (IM):</b> <input type="checkbox"/> R Deltoid <input type="checkbox"/> L Deltoid	
<b>Vaccine Mfg., Lot #, &amp; Exp. Date</b>	<input type="checkbox"/> Flucelvax Quadrivalent (Seqirus) Lot# 348369 EXP:6/30/2023		
<b>Vaccine Administrator</b>	<input type="checkbox"/> Megan Painter, NP	<input type="checkbox"/> Becky Sielski, RN	<input type="checkbox"/> Jennifer Reosenbaum, RN
	<input type="checkbox"/> Kelly Riffel, NP	<input type="checkbox"/> Jodi Zeoli, RN	<input type="checkbox"/> Amanda Gile, MA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NDC:70461-322-03  
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