2024 INACTIVATED INFLUENZA VACCINE CONSENT

Ascension

Please print legibly.

First Name:	Last Name:
Address: City: State:	Date of Birth:
Company:	Today's Date:

INACTIVATED INFLUENZA VACCINE ADMINISTRATION RECORD		
Please answer the following questions:		
• Are you ill with a fever (temperature of 100.4 F or greater) today?	❑ Yes	❑ No
• Have you had any previous severe reaction to an influenza vaccine?	❑ Yes	❑ No
• Have you ever been diagnosed with Guillain-Barré Syndrome?	❑ Yes	❑ No
I have received and read the Flu Vaccine Information Statement (VIS 8/6/2021), had questions answered to my satisfaction, and consent to receive the Flu Vaccine today:		
Signature of vaccine recipient:_____ Date:_____		

Office Use Only			
Date Administered:	**Site of Injection (IM):** ❑ R Deltoid ❑ L Deltoid		
Vaccine Mfg., Lot #, & Exp. Date	❑ Lot# Exp:	❑ Lot# Exp::	
	❑ Lot# Exp::	❑ Lot# Exp:	
Vaccine Administrator	❑ Cheryl Svoren, RN	❑ Caitlin Stansil, NP	❑
	❑ Heidi Lopez, RN	❑ Lizel Granada, NP	❑
	❑ Jennifer Rosenbaum, RN	❑ Amy Miller, NP	❑
	❑ Judith Jankiewicz,RN	❑ Janet Kieslich, NP	❑
	❑ Cheryl Nelson, RN	❑	❑

NDC:
NDC:
NDC:

Entered in WIR_____