

65+ INFLUENZA HIGH-DOSE

65 YRS. OF AGE AND OLDER

**St. Joseph Outpatient Clinic**  
**Influenza Vaccine Assessment & Consent Form 2014-2015**

**Information about person to receive vaccine:**

|            |             |         |
|------------|-------------|---------|
| Last Name: | First Name: | MI:     |
| DOB:       | Age:        | Gender: |

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS NOTIFY THE NURSE BEFORE IMMUNIZATION:**

|   |           |
|---|-----------|
| Have you ever had a reaction to the flu vaccine?  | Yes or No |
| Did you receive the flu vaccine last year?  | Yes or No |
| Have you received any other vaccinations in the last 2 weeks?   | Yes or No |
| Are you allergic to eggs?   | Yes or No |
| Have you been diagnosed with Guillain-Barre' syndrome?  | Yes or No |
| Are you pregnant or a nursing mother?   | Yes or No |
| Are you sick with a fever greater than 100 degrees Fahrenheit?  | Yes or No |
| Do you have a history of a neurological/ seizure disorder (epilepsy, Multiple Sclerosis, Febrile Seizures, or Myasthenia Gravis)? | Yes or No |
| Are you currently taking an antibiotic for infection?   | Yes or No |

**CONSENT AND RELEASE FOR INFLUENZA VACCINE**

I have read the information regarding the influenza immunization. I have had an opportunity to ask questions, and my questions have been answered to my satisfaction. I understand the benefits and risks of Influenza immunization as described.

I understand the risks and benefits of the flu vaccination and I give my consent to the medical staff of St. Joseph Physician Associates (SJPA) to give me (or my child) a flu vaccination.

\_\_\_\_\_  
Signature of vaccine recipient, parent of child, legal guardian

\_\_\_\_\_  
Date

**FOR CLINIC USE ONLY:**

**INFLUENZA**

|  |  |                        |
|--|--|------------------------|
| <b>Manufacturer:</b> SANOFI PASTEUR        | <b>Lot #:</b> U5024BA                  | <b>Injection site:</b> |
| <b>Expiration Date:</b> MAY 10, 2015       | <b>Date of vaccination:</b>            |                        |
| <b>Signature of vaccine administrator:</b> | <b>Title of vaccine administrator:</b> |                        |