FLU VACCINE CONSENT FORM (standard dose)

NAME First/Last: _____**Date of Birth:**_____**Age**:_____

Address: _____**City**: _____ **Zip Code**: _____

Phone:_____ **Gender**: Male Female **Physician/Provider**:_____

MEDICAL QUESTIONS – Please answer each question	**YES**	**NO**
1. Do you have allergies to any ingredient included in vaccines? (latex, eggs, polyethylene glycol, polysorbate 80)	☐	☐
2. Have you had a serious reaction to a vaccine/injectable medication in the past?	☐	☐
3. Do you have history of any of the following condition Guillain-Barre Syndrome ?	☐	☐
4. Are you pregnant?	☐	☐
5. Are you younger than 18 years of age? If so, parent/guardian must sign below	☐	☐
6. Are you sick today or running a fever?	☐	☐

SIGNATURE AND CONSENT

I understand the benefits & risks of the influenza(flu) vaccine &/or COVID-19 vaccine & request that one or both(as above) be given to me or to the person named below for whom I am authorized to make this request. I acknowledge the QR code provides me with current Vaccine Information Sheet(s) & am aware of any possible side effects. I hereby assume any risks related to receiving the vaccine(s) & release Lewis Drug & its agents, staff, representatives, successors & assigns, & subrogates from any & all liability related, directly or indirectly, which may arise from having been given the indicated vaccine(s). If I have received the vaccine(s) in my vehicle or otherwise outside of the Lewis Drug facility, I acknowledge that Lewis Drug has recommended that I park and wait for 15 minutes after vaccination to ensure I don't evidence any adverse reactions. ☐ opt out of SDIIS submission

_____

Signature of patient OR parent/guardian authorizing vaccination (REQUIRED) **Date**

IF signing for a MINOR please print your name & indicate relationship **(REQUIRED)**: _____

For STAFF ONLY: Lewis Drug #_____ or CLINIC_____

Vaccine	**Date of Administration:**	**Site of Administration**	**Immunizer Signature/title:**
FLU		**Deltoid:** Left Right	

FLU Manufacturer - **Vaccine**	**Lot Number**	**Expiration Date**	VIS - Scan QR code below
Seqirus – **Flucelvax TIV** PFS 2025-2026 **age 6mo+**			
GSK - **Fluarix TIV** PFS 2025-2026 **age 6mo+**	2NG23 3F7A5	6/30/2025	1/31/2025
Sanofi – **Flublok TIV** PFS 2025-2026 **age 9+**			
Other:			