



TOWNSHIP OF JEFFERSON

County of Morris

Municipal Building
 1033 Weldon Road, Lake Hopatcong, New Jersey 07849
 Tel: (973) 697-1500 Fax: (973) 697-8090

INFLUENZA CONSENT FORM

Medicare Part B _____
 Paid _____

Participant's Name (Print) _____

Home Address (Street) _____

City _____ State _____ Zip _____

Questions :	Yes	No
1. Have you ever had an adverse reaction to any vaccine?		
2. Are you allergic to eggs?		
3. Have you ever had Guillain-Barre syndrome or any other neurological disorder?		
4. Are you pregnant or nursing? (if YES, MD's note required)		
5. Are you feeling ill today?		
6. Are you taking Coumadin, Dilantin, Plavix or Theophyline?		
7. Do you have a sensitivity to latex?		

POSSIBLE SIDE EFFECTS:

Most people have no side effects from the flu shot. The most common reaction is soreness at the injection site for a day or two. Occasionally, people may experience a fever or muscle aches for one or two days. As with any drug or vaccine there is a possibility that an allergic reaction could occur.

I HAVE READ THE INFORMATION SHEET ABOUT THE INFLUENZA VACCINE.
 I HAVE HAD THE CHANCE TO ASK QUESTIONS WHICH WERE ANSWERED TO MY
 SATISFACTION AND I UNDERSTAND THE BENEFITS AND RISKS OF THE VACCINATION
 AS DESCRIBED. I REQUEST THAT THE INFLUENZA VACCINE BE ADMINISTERED
 TO ME.

Location: Left Right Deltoid IM

X _____
 Signature of Participant /Guardian DATE

X _____
 Signature of Vaccinator

Manufacture: Seqirus AFLURIA Quadrivalent Influenza Vaccine 2020-2021 Formula

Lot: P100257533 Expiration: June 30, 2021