Creighton
UNIVERSITY
Cura Services
Student Health

Influenza Vaccine Consent Form

NETID:_____
Name: _____
Please circle: Student Staff Faculty

1. Are you allergic to the flu vaccine? YES NO
2. Have you had Guillain-Barre syndrome? YES NO
3. Do you currently have an infection? YES NO
4. Are you allergic to eggs? YES NO
5. Are you allergic to Thimerosal (mercury)? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU SHOULD NOT GET A FLU VACCINE TODAY.

CONSENT: I have read the above information and understand the risks and benefits of receiving this vaccine as stated in the VIS. I had the opportunity to ask questions regarding the influenza vaccine. I request the vaccine to be given to me.

SIGNATURE_____**DATE**_____
Parent/Guardian Signature (if under 19)_____

If you are under 19, you must have parental consent, either by phone or signature. If you have a Power of Attorney form, that will also be accepted.

_____

Lot:
Expiration:
Injection Site: L/R Deltoid
Signature of Administrator: _____**Date**_____