



IMMUNIZATION CONSENT FOR INFLUENZA VACCINE

Non-student

I have been given a copy and I have heard or have had explained to me the information contained in the Information Statement about influenza and the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the risks of the vaccine, and request that the vaccine be given to me.

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (Please print)

Is there any reason (including possible pregnancy) why you should not receive the requested vaccine?

- Yes
- No

Have you ever had a severe allergy to gentamicin, eggs or latex?

- Yes
- No

Signature of person receiving vaccine: _____ Date _____

NAME _____
Last First MI

Date of Birth: _____

Please Print

UCSB Department _____ UCSB Extension # _____

DO NOT WRITE BELOW THIS LINE

MFR: GlaxoSmithKline FLUARIX FLU VACCINE 0.5 ml. I.M. NOW

LOT NUMBER & EXP. DATE: LOT# AFLUA 357 BA EXP. 06/30/09

LOCATION OF INJECTION – PLACE A CHECK MARK NEXT TO SITE GIVEN:

LEFT DELTOID IM _____

RIGHT DELTOID IM _____

SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR

DATE OF VACCINATION