



Influenza Vaccine Consent Form

Section 1: Employee Information (please print)

Vaccine Recipient Name:	If applicable: Dependent on CMCSS/County Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	
Employee Name: (If different from above)	Date of Birth:
BCBS Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Organization: <input type="checkbox"/> CMCSS <input type="checkbox"/> Montgomery County
Address:	
City/ State/ Zip:	
Phone:	

Section 2: Screening for Vaccine Eligibility

Please Note: "Questions below refer to the individual receiving the vaccine."

	YES	NO
Are you sick today with a fever?		
Are you allergic to eggs, egg products or other vaccine components?*		
Have you ever had a severe reaction to a flu shot?		
Do you have a history of Guillain-Barre Syndrome?		

**Possible vaccine components include latex, thimerosal, antibiotics, gelatin*

Section 3: Consent

If the answer is "YES" to any of the above questions, you will need to contact your personal medical provider about receiving this vaccine.

- I have read the Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.
- I hold the Insurance Trust and/or CMCSS/County harmless if a reaction does occur due to vaccine administration.
- I agree to wait 20 minutes following the injection to be monitored for reactions.
- I have been given the opportunity to discuss the risks and benefits with my immunization provider.
- I consent to receiving the influenza vaccine injection.

Signature _____

Date _____

Section 4: Vaccination Record

Vaccine	Route	Site	Manufacturer	Lot Number	Expiration	Name/Title of Vaccine Administrator
Influenza	IM	R or L Arm Leg				