



# WILLIAMSON HEALTH AND WELLNESS CENTER

## Adult Influenza Vaccine 2021-2022

### Screening and Consent Form

*Y or N Are you running a fever today?*

*Y or N Are you allergic to eggs, egg product or any component of the flu vaccine?*

*Y or N Have you ever had a severe allergic reaction to a previous flu vaccination?*

*Y or N Do you have a history of Guillain-Barre Syndrome (GBS)?*

*By signing below, you confirm the following:*

*"I have read or had explained to me the information in the Influenza Vaccine Information Statement (08.06.2021). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the risk and benefits of the influenza vaccine. I give my consent to receive the Influenza Vaccination."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Refusal Date: \_\_\_\_\_ Reason \_\_\_\_\_ Signature: \_\_\_\_\_

Administered by: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

LOT# \_\_\_\_\_

EXP DATE \_\_\_\_\_