Faculty/Staff Consent Form
2007 – 2008 INFLUENZA VACCINE
(Injectable, inactivated)

The 2007-2008 trivalent vaccine consists of: A/Solomon Islands, A/Wisconsin and B/Malaysia

I have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risk of influenza vaccine and request that the vaccine is given to me.

(Note, students and volunteers do not use this form. Ask for a student/volunteer form instead)
PLEASE PRINT

Home Department:_____

Name: _____ _____ _____
LAST FIRST MI

Date of Birth: _____ SS#_____

Have you ever had a severe allergic (hypersensitivity) reaction to eggs? **___Yes ____No**

Do you have a history or Guillain-Barre syndrome? **____Yes ____No**

Signature **Date**

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

Manufacturer/Lot Number: _____
Expiration Date_____

Right deltoid_____ Left deltoid_____

Provider's Signature **DATE**

Entered in OHIS (initial) _____