



Medical Record Number: _____

2026-2027 Annual Seasonal INFLUENZA VACCINE CONSENT FORM

Please review the Vaccine Information Sheet and answer the following:

- | | | | |
|----|---|-----|-----|
| 1. | Do you have a severe allergy to eggs? | Yes | No |
| 2. | Have you ever had a serious adverse reaction to the flu vaccine or any other vaccination? | Yes | No |
| 3. | Do you currently have an acute respiratory infection or fever or are you recovering from a moderate-severe illness? | Yes | No |
| 4. | Do you have a history of Guillain-Barre Syndrome (GBS)? | Yes | No |
| 5. | Women: Are you pregnant? | Yes | No |
| 6. | Children 6 months through 8 years of age:
How many flu seasons has this child been vaccinated? _____
If only one, how many flu vaccines did they receive that season? _____ | | N/A |

I acknowledge that I have received and reviewed the Influenza Vaccine Information Statement (VIS) provided by the Centers for Disease Control and Prevention (CDC), and that I have had the opportunity to ask questions regarding the vaccine, which were answered to my satisfaction.

I understand that:

- The influenza vaccine is intended to reduce the risk of contracting influenza and its complications.
- As with any medical intervention, there is no guarantee of immunity or complete protection.
- Adverse reactions, while rare, may occur.
- I am responsible for reporting any side effects or concerns to my healthcare provider.

By signing below, I voluntarily consent to receive the influenza vaccine administered by a licensed healthcare professional affiliated with **Jefferson City Medical Group (JCMG)**.

Please Print:

Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Age: _____ Phone #: _____

Address: _____

Signature: _____

VACCINE INFORMATION		
Product: SANOFI- ____ Fluzone TIV (6 months-and older) ____ Fluzone HD TIV (Age 65+) ____ Flublok TIV (egg free - 9 years and older)	Lot Number:	Expiration Date:
	Fact Sheet Date: 01/31/2025	Fact Sheet Given Date: / /
Site of injection: () Right () Left () Deltoid () Thigh	Date Administered:	Injection given by: