

NAME:		AGE:
ADDRESS:		
CITY:	STATE:	ZIP:

	YES	NO
	→	→
Have you already received a flu vaccine this year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an allergic reaction to the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been told that you are allergic to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever developed Guillain-Barre Syndrome within 6 weeks of the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I attest that this information is true to my knowledge. I further give GIVEMS and its affiliates permission to administer the Novartis Fluvirin SQ 2015-2016 (lot: U1446AA exp 06/30/2016) vaccine to me. I have received the VIS and have had an opportunity to ask questions.

SIGNATURE:

GIVE THIS FORM TO THE NURSE

THIS AREA FOR ADMINISTRATIVE USE ONLY:

Vaccine given in deltoid: L R Initials: