

Dr. Daniel R. Jasper
Influenza (FLU) Vaccine Consent Form
2022-2023

Printed Name: _____

Date of Birth: _____

Please answer the following questions:

- | | | |
|---|-----|----|
| 1. Have you ever had a serious reaction to a flu vaccine? | Yes | No |
| 2. Are you feeling ill today or have a fever? | Yes | No |
| 3. Are you allergic to eggs? | Yes | No |

I hereby certify the above history is true and complete to the best of my knowledge. I have been given a copy and have read, or had explained to me, the information on the Influenza Vaccine: What you need to know 2022-2023 for the vaccination indicated. I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine currently due for which I have signed be given to me.

Patient Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Influenza Vaccine: **High Dose**

Manufacturer: Sanofi Pasteur

Lot Number: **UT7729CA** Expiration Date: **06/30/2023**

Site of Injection: LEFT Arm RIGHT Arm

Signature of Vaccine Administrator: _____