

MARIST COLLEGE HEALTH SERVICES
INFLUENZA IMMUNIZATION RECORD AND CONSENT

____ Student CWID _____ Age _____ Date of birth _____

____ Staff CWID _____ male _____ female _____

Name _____

Address _____

Phone _____

Please answer ALL questions below:

Are you allergic to eggs or egg products?	Y	N
Are you allergic to thimerosal (mercury preservative in vaccine)?	Y	N
Have you ever had Guillain-Barre Syndrome?	Y	N
Have you had any past reaction to flu vaccine?	Y	N
In the past 24 hours:		
Have you had a fever (100 or higher)?	Y	N
Have you had an upper respiratory infection?	Y	N

Females: last menstrual period _____

If you are pregnant, you can receive the flu vaccine at the discretion of your obstetrician and only if you are 15 weeks or greater into your pregnancy. Be aware that controlled studies on the vaccine have not been conducted to demonstrate safety in pregnant women.

This record will be maintained in a medical file. The nurse administering the vaccine to you will record what vaccine was given, when and where the vaccine was given, the name of the manufacturer and the lot number of the vaccine and the signature of the person administering the vaccine.

I have had the opportunity to ask questions which were answered to my satisfaction. I was given the opportunity to review the CDC 2009-2010 Influenza Vaccine Information Sheet. I believe that I understand the benefit and risks of flu vaccine and I request that it be given to me or the person for whom I am authorized to make this request.

Students must be 18 or over to consent to immunization.

Signature _____ Date _____

If parent or guardian, name: _____ Relationship: _____

Please print
Parent/guardian may fax signed consent form to Marist Health Services at 845-575-3275

CLINIC USE ONLY

Date: _____ Vaccine _____ Manufacturer _____ Lot# _____ Exp date _____

0.5ml IM administered _____ R deltoid _____ L deltoid

Provider Signature: _____

NYSIIS Notified (if 18 or younger) _____