Chabot College Nursing Program Student Name: _____

Student Immunization – 2018-2019 Influenza Vaccination Consent Form

I have read or have had explained to me the information on the Vaccine information Statement about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and:

☐ I request that the vaccine for strain 2018-2019 was given to me by the facility listed below.
☐ I have already received the strain 2018-2019 vaccination in 2018 at the **Chabot Health Center**
☐ I have already received the strain 2018-2019 vaccination in 2018 at Name of Hospital/Clinic

_____ documentation required

Please Print

Last Name: Please PRINT	**First Name:** Please PRINT	**Initial:**
Signature: (Person to receive vaccine)	**Date of Flu Vaccination Strain 2018-2019**:	

Date of Birth:	**Age Group**: ☐ 18-49 ☐ 50-59 ☐ 60-64 ☐ 65+ Years	**Please Mark** One: Student is: ☐ First Year ☐ Second Year ☐ LVN ☐ Foreign Trained RN
Street Address:		
Apartment Number:		
City:	***State:*** California	**Zip Code:**

Please answer the following: ❒Yes

OR ❒ No

Do you have a serious allergy to eggs? ☐Yes ☐ No

Have you ever had a serious allergic reaction or other problem after getting an influenza vaccine? ☐Yes ☐ No

Were you ever paralyzed by Guillain-Barre syndrome? ☐Yes ☐ No

Are you pregnant or think you may be pregnant*?* ☐Yes ☐ No

If YES, please consult your physician for single dose vaccine.

Do you have a moderate or severe illness? ☐Yes ☐ No

Have you ever had a reaction or an allergy to latex? ☐Yes ☐ No

Do you have a serious allergy to thimerosal? ☐Yes ☐ No

STUDENT – DO NOT WRITE BELOW THIS LINE – FOR CLINICAL USE ONLY

Clinical Site where vaccination is given:	Date vaccinated	VIS Date:
	Lot Number: *Exp:*	MFR:
Dose: **0.5 ml** Route: **IM** Right Deltoid ☐ Left Deltoid ☐	Nurse Signature	

Employee or student who can transmit influenza to persons at high risk ☐Yes ☐No

(Physicians, nurses, and other personnel in hospitals, outpatient settings, nursing homes/ SNF and providers of home care to persons in high-risk groups)