I would like a flu shot. I have no known allergy to eggs, chickens, chicken feathers, or chicken dander, or to a previous dose of Influenza vaccine.

I hereby release the facility employees, physicians, and nurses from any liability for the injection of the Influenza vaccine to me.

**Risks and Possible Side Reactions:** Side effects of the Influenza vaccine are generally mild in adults and occur at a lower frequency. These reactions consist of tenderness at the injection site, chills, headaches, or muscle aches. These symptoms can last up to forty-eight (48) hours. Guillain-Barré syndrome (GBS) is an uncommon side effect characterized by ascending paralysis, and is usually self-limited and reversible.

I have read the CDC Vaccine Information Statement (dated 08/07/2016) about Influenza and the Influenza vaccine. I have had a chance to ask questions to my satisfaction. I understand the benefits and risks of the Influenza vaccine and request that the vaccine be given to me or to the person named below for whom I am authorized to make the request.

I hereby voluntarily give informed consent to the injection of an Influenza vaccine in my arm. A copy of this consent will become a permanent part of my medical records.

**REFUSAL OF VACCINATION**

I hereby decline to give my informed consent to the injection of an Influenza vaccine. By declining to give my consent, I understand that I will not be vaccinated against the Influenza virus for the 2017/2018 Influenza season.

I have received my 2017/2018 Influenza vaccination elsewhere.  Date:_______________  Location:__________________

Printed Name:_________________________Signature:_________________________

Date:________________________Witness:________________________Dose:____________

Vaccine Manufacturer:_____________________Lot#:________________Exp Date:____________________

Injection Site:________________________Administered By:__________________________

**2017-2018 Influenza Season**

Vaccine code: 90658
Administration code: 90471
Diagnosis code: Z23