MARIST COLLEGE HEALTH SERVICES
2016-2017 SEASONAL 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 2016-2017 Influenza Vaccine Information Sheet** at http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html
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. If younger than 18, parent or guardian must sign.

Signature_____ Date_____

If under 18:

Parent or guardian, name: _____ Relationship:_____
Please print

Parent/guardian may fax signed consent form to Marist Health Services at 845-575-3275 or email to health.services @marist.edu

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CLINIC USE ONLY

Manufacturer _____ Lot # _____ exp _____

0.5ml IM administered ____ R deltoid _____ L deltoid

Date:_____Provider Signature:_____

NYSIIS Notified (if 18 or younger) _____