

**Hanson Internal Medicine, P.A.**

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***FLU VACCINATION  
CONSENT & RELEASE***

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_

**CONSENT:**

Please check answer

- |   |           |          |
|---|-----------|----------|
| 1. Are you allergic to eggs or egg products?  | _____ Yes | _____ No |
| 2. Are you allergic to thimerosal (a preservative; found in certain vaccinations, eye contact lens solution, etc.)? | _____ Yes | _____ No |
| 3. Have you ever had an allergic reaction to the flu or other vaccine?  | _____ Yes | _____ No |
| 4. Is there a chance you are pregnant?  | _____ Yes | _____ No |
| 5. Are you currently sick with fever?   | _____ Yes | _____ No |
| 6. Do you have a history of Guillain-Barre Syndrome?  | _____ Yes | _____ No |

I have received and read the information sheet for the flu vaccine, and I have had an opportunity to ask questions. I understand that serious reactions are very rare, and that minor problems like soreness and redness at the sight may occur. I understand I cannot "catch the flu" from this vaccine.

I hereby consent to the administration of the flu vaccine.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**Vaccine Lot # AFLLA262AA**

**Vaccine Exp Date: 6/2010**