

VIRGINIA PENINSULA COMMUNITY COLLEGE

A.A.S. NURSING PROGRAM

INFORMED CONSENT/RELEASE FORM INFLUENZA VACCINATION

Student Name: _____ Date: _____

PLEASE CHECK **YES** OR **NO** FOR THE FOLLOWING QUESTIONS:

| QUESTION | YES | NO |
|---|-----|----|
| 1. Are you currently ill or sick in any way? Temperature _____ | | |
| 2. Are you allergic to eggs or chicken? | | |
| 3. Have you ever required medical care because of a reaction to a previous immunization? | | |
| 4. Have you ever been diagnosed with Guillain - Barré Syndrome? | | |
| 5. Is there any possibility you may be pregnant? | | |

CONSENT:

I voluntarily agree to receive the INFLUENZA VACCINE. I have read the educational information and I have had all my questions answered. I furthermore release Virginia Peninsula Community College and any other organizations, clinics, and/or facilities associated with the influenza vaccine from any and all liability.

Printed Name: _____ Signature: _____

TO BE COMPLETED BY VACCINE PROVIDER:

Manufacturer: _____ Lot #: _____ Exp. Date: _____

Dose: _____ Site: Deltoid _____ Left or _____ Right Date Administered: _____

Administered By: _____

Signature of Administrator: _____