



The Peninsula's Community College

INFORMED CONSENT/RELEASE FORM
INFLUENZA VACCINATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CHECK YES OR NO FOR THE FOLLOWING QUESTIONS:

Table with 3 columns: QUESTION, YES, NO. Contains 5 questions regarding illness, allergies, medical care, Guillain-Barré Syndrome, and pregnancy.

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 Thomas Nelson 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 Date Administered: \_\_\_\_\_

Administered By: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_