



San Diego Nursing and Allied Health
Service-Education Consortium

2020-2021 Influenza Vaccination Consent

All students/faculty with clinical assignments must comply with the CDC’s recommendations for seasonal flu immunization by November 1, 2020 or as otherwise announced by a clinical agency.

There are many different flu viruses and they are constantly changing. Detailed information about the 2020-2021 flu season and vaccines available can be accessed through the CDC’s website:

<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>.

Please answer the following questions. It is recommended you wait at least 30 minutes after the injection, due to the possibility of an allergic reaction.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is this the first “Flu” vaccination you have ever received? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an allergic or serious reaction to the following; Flu vaccine, chicken eggs, or chicken products, Thimerosal, or have you had Guillain-Barre Syndrome (GBS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you ill today? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you take blood thinners such as Aspirin, Clopidogrel (Plavix), Dipyridamole (Aggrenox), or Coumadin (Warfarin) or others on a daily basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you under 18 years of age? <i>If yes, parental consent is required.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you pregnant? If yes, you must provide written permission from your physician. | <input type="checkbox"/> | <input type="checkbox"/> |

Please check your appropriate age group and category:

Age: 6-18 19-49 50-59 60-64 Over 65

Category: Student Faculty

ID #: _____ Telephone: _____

I have read the CDC 2020-2021 Influenza vaccine information statement. By signing below, I understand and consent to receive the vaccine.

Print Name: _____ Signature: _____ Date: _____



Manufacturer: _____ Lot #: _____ Exp Date: _____

Route: IM Site: R Deltoid L Deltoid FluMist _____

Influenza Vaccine 2020-2021 Staff Signature _____ Date _____

STAMP of PROVIDER: