



*San Diego Nursing and Allied Health  
Service-Education Consortium*

**2024-2025 Influenza Vaccination Consent**

**All students/faculty with clinical assignments must comply with the CDC's recommendations for seasonal flu immunization by October 1, 2024 or as otherwise announced by a clinical agency.**

Category Type:      Student      Faculty

ID #: \_\_\_\_\_ Telephone: \_\_\_\_\_

*By signing below, I understand and consent to receive the vaccine.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_



Manufacturer: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Route: IM     Site:  R Deltoid      L Deltoid     FluMist \_\_\_\_\_

Influenza Vaccine 2024-2025

Date: \_\_\_\_\_

Clinic Name & Address \_\_\_\_\_

Administered by: (please print) \_\_\_\_\_

Signature of provider: \_\_\_\_\_