

St. Luke Community Healthcare

Influenza Vaccine Record & Consent
2009-2010

Patient name: _____ DOB: _____

- I have been given a copy of the Inactivated Influenza Vaccine What You Need To Know statement for 2009-2010.
- I have read or have had explained to me the information about the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of receiving the influenza vaccine. I ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.
- To the best of my knowledge, I (or the person named above) am (is) not allergic to eggs, egg products, or thimerosal.

Signature: _____ Date: _____

Influenza Virus Vaccine, Fluzone
Sanofi Pasteur
Lot#U3194AA
Exp. 30JUN10

Dose: 0.5cc IM Site: _____

Administered by: _____



St. Luke Community Healthcare
Ronan, MT 59864
Influenza Vaccine Record and Consent
Form # ACF019 June 2009

Pt. ID Sticker