

CONSENT FOR IMMUNIZATION
Influenza Vaccine 2011

I have read the Vaccine Information Statement provided (VIS 7/26/11) for Influenza Vaccine. I have had a chance to ask questions and understand the benefits and risks of the vaccine as described. I request that the vaccine is given to me or to the person named below for whom I am authorized to sign.

Please print your name _____

X _____
Signature **Date**

Address **City** **State** **Date of Birth**

Have you found this service of providing influenza vaccine to be a valuable resource in your church or faith community?

____ YES ____ NO ____ No Opinion

If No, How can we improve this service?

Below is for Office Use Only:

Please check one of the following if applicable:

Volunteer Hardship

Vaccine lot # _____ expiration _____

Right Deltoid Left Deltoid

Given by: _____