

For UHS use only

INACTIVATED INFLUENZA VACCINATION CONSENT FOR 2023-2024, FluLaval Quadrivalent

Please Print: Complete all information.

Name _____ Birthdate _____ UR ID: _____

Local Mailing Address _____ Street _____ Phone #: _____

_____ City _____ State _____ Zip Code _____

U of R student Faculty/Staff (Specify Department) _____ Other: _____

URMC employees must register vaccination in FluSource and send OEM a copy of this form.

INSURANCE INFORMATION: (mark one box)

UR Student Health Insurance Plan (Aetna)
If you are covered under the UR Student Health Insurance Plan you do not need to enter your subscriber information.

Aetna BCBS/Excellus MVP Other (specify) _____

Insurance ID # or Contract #: _____ **Please include copy of insurance card**

Subscriber: _____ **Subscriber Date of Birth:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: If you respond "YES" to any of the following, you must consult with a health care provider before receiving flu vaccine. Vaccination may not be safe.	YES	NO
• Are you under the age of 18? (If under age 18, your parent or guardian needs to sign this form.)		
• Are you allergic to eggs? (Most can receive this vaccine safely. Have reviewed for approval.)		
• Have you ever been diagnosed with Guillain-Barre syndrome or a bleeding disorder?		
• Are you currently ill with a fever $\geq 101^\circ$ F		
• Do you have a history of severe allergy to a previous dose of influenza vaccine?		
• Are you currently or possibly pregnant? (See 2, below)		

1. Influenza (flu) vaccine may prevent or lessen the severity of influenza disease and is recommended for everyone over 6 months of age.
2. Women who will be pregnant during the influenza season should be vaccinated during any trimester. Those who are pregnant should receive thimerosal-free vaccine. This vaccine is thimerosal-free.
3. Annual vaccination is important since the vaccine composition changes to address the changing nature of flu viruses.

FluLAVAL Quadrivalent Vaccine Virus Strains for 2023-2024	1. A/Victoria/4897/2022 (H1N1)	3. B/Austria/1359417/2021
	2. A/Darwin/9/2021 (H3N2)	4. B/Phuket/3073/2013

4. Most people have no side effects. When they occur, the most common are local pain or redness, low-grade fever, muscle aches, and/or a tired feeling for one or two days.

I have read this form completely and have had the opportunity to ask questions. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me. I will advise my primary healthcare provider of my vaccination. I understand that if I have any adverse reaction or have a question about this vaccination, I will call UHS @ 585-275-2662.

SIGNATURE: _____ **Date** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date** _____

If under age 18, your parent or guardian must sign this form. Bring the signed form when you come to receive flu vaccine.

For Vaccinator Use Only:

Flu vaccine 0.5 ml IM given by _____ Date _____

Site: Rt Deltoid Lt Deltoid Mfg: GlaxoSmithKline/Flulaval Lot#: 4MM2J Exp. Date 6/30/2024

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