

Davison Health Center

IMMUNIZATION ADMINISTRATION AND CONSENT FORM

Last Name:	First Name:	MI
Address:	Phone: ()	
City:	State:	Zip code:
Date of Birth: / / Month Day Year		Wesleyan ID:

Wesleyan Students (select all that apply):

- Undergrad w/Student Insurance
 Grad Student w/Student Insurance
 Private Insurance \$40 (check one): Cash Check Bill to Student Accounts
 Check here if you want a receipt to file to private insurance

HEALTH HISTORY

- Have you had a severe allergic reaction to eggs or Thimerosal? Yes ___ No ___
 Are you sick with a fever or respiratory illness today? Yes ___ No ___
 Have you had a serious reaction to a flu shot or any vaccine? Yes ___ No ___
 Describe _____
 Do you have a history of Guillain-Barré Syndrome? (A kind of paralysis) Yes ___ No ___
 Have you had any other vaccinations in the past 4 weeks? Yes ___ No ___
 Are you pregnant? Yes ___ No ___
 Is this your first flu shot? * Yes ___ No ___

**If I have not had this vaccine before, I will stay for 15 minutes after receiving vaccine.*

By signing this form: I give permission for the flu vaccine to be administered to me. I acknowledge that I have read the current Influenza Vaccine Information Statement(s), have had questions answered to my satisfaction and understand the risks and benefits involved. On behalf of myself as well as my administrators and assigns, hereby release and forever discharge Wesleyan University and its trustees, employees and agents from any and all liability and/or obligation of any kind resulting from or in any way associated with the administration of this vaccine. I give my permission for the Middlesex Hospital Homecare to release medical or other information necessary if I choose to file a claim to my insurance plan for the vaccination(s) and to keep my signature on file. I agree to pay all charges that are not covered by insurance.

Signature of Recipient/Legal Representative _____

Date _____

FOR CLINIC USE ONLY. DO NOT WRITE BELOW THIS LINE

Vaccine	Date Administered	Injection Site (L arm or R arm)	Administered by:	Lot#	Manufacturer
Influenza		LA or RA			