Arizona State University
Health Services

2017-2018 Influenza vaccine release form

I have been given a copy and understand the "Vaccine Information Statement" for the disease and vaccine above. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me. I **hereby release ASU from any and all liability from, or in any way connected with, the vaccination.** I certify that the following information is correct to the best of my knowledge.

☐ **Faculty / Staff With ASU Insurance**

☐ **Faculty / Staff Benefits Eligible (Insurance not with ASU)**

☐ **Faculty / Staff Non-Benefits Eligible with ASU**

Answer all questions below by checking the appropriate Yes or No space.

	Yes	No
❖ Are you allergic to eggs, chicken or chicken feathers?	☐	☐
❖ Do you have a fever, acute respiratory or other active infections or illnesses?	☐	☐
❖ Have you had a **Flu shot or Flu mist** before?	☐	☐
❖ Have you ever had a serious allergic reaction to a **Flu shot or Flu mist**?	☐	☐
❖ Are you allergic to Thimerosal used in flu vaccine and some contact lens solutions?	☐	☐
❖ Are you allergic to Latex?	☐	☐
❖ Have you had chemotherapy or immunosuppressive therapy within the past two weeks?	☐	☐
❖ Do you have an active neurologic disorder?	☐	☐
❖ Have you had Guillain-Barre Syndrome - paralyzing disorder?	☐	☐
❖ Do you have a chronic medical condition such as diabetes, asthma or heart disease?	☐	☐

Information about person to receive vaccine. Please print.

Last name: _____

First name: _____ **Initial:** _____

ASU ID #: _____

Date of birth (Month/Date/Year)**:** _____

_____

Signature **Date**

For clinic/office use

_____

Manufacturer lot number:

GSK Lot: 4799F EXP: 06/18/18

Site of injection: _____ **Left Right Deltoid** _____

_____

Signature and title of vaccine administrator

Date vaccinated: _____

☐ **Bill to my ASU account.**