

Flu Shot Vaccination Consent Form

This **flu shot vaccination consent** form sample template ensures clear communication between healthcare providers and patients, facilitating informed consent for immunization. It includes essential details such as patient information, vaccination risks, and acknowledgment of understanding. Using this template helps maintain compliance with medical protocols and enhances patient safety.

Patient Information

Full Name:

Date of Birth:

Address:

Phone/Contact Number:

Medical History

Have you ever had a severe allergic reaction to a flu shot or any vaccine?

Yes No

Are you currently experiencing any illness or fever?

Yes No

Vaccination Risks & Information

- The flu vaccine may cause mild side effects such as soreness, redness, or swelling at the injection site, fever, or muscle aches.
- Severe allergic reactions are rare, but notify staff immediately of any swelling, difficulty breathing, or hives.
- Immunization helps reduce the risk of flu-related complications.

Acknowledgment & Consent

I acknowledge that I have read and understand the information provided about the flu shot, including the risks and benefits. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I hereby consent to receive the influenza vaccine.

Signature (Type full name):

Date: