

Adult Flu Vaccine Consent Form Sample PDF

This **Adult flu vaccine consent form** sample PDF provides a clear and concise template for individuals to authorize vaccination. It ensures all necessary medical and personal information is recorded for a smooth immunization process. Using this form helps clinics and healthcare providers maintain proper documentation and consent compliance.

Sample Consent Form Preview

ADULT FLU VACCINE CONSENT FORM	
Full Name:	_____
Date of Birth (MM/DD/YYYY):	____ / ____ / _____
Phone Number:	_____
Address:	_____ _____
Emergency Contact (Name & Number):	_____
HEALTH SCREENING QUESTIONS	
1. Are you feeling sick today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you allergic to eggs or any component of the vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever had a serious reaction after receiving a flu shot? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you pregnant or breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONSENT AND SIGNATURE	
I have read or had explained to me the information about the flu vaccine. I have had a chance to ask questions and they were answered to my satisfaction. I consent to receive the influenza vaccine.	
Signature: _____ Date: ____ / ____ / _____	
FOR PROVIDER USE ONLY	
Vaccine Manufacturer: _____ Lot Number: _____	
Site: <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm	
Dose: _____ ml Date Given: ____ / ____ / _____	
Provider Signature: _____	

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