



WELLNESS CENTER

2022 Flu Clinic Participation Form – Students

Last name	First name	(M.I.)	Date of birth
Banner ID	Phone Number		Email

The following questions will help us know if you are eligible to receive the 2022-23 Inactivated Influenza Vaccine. Please mark “YES” or “NO” for each question. If we determine that you are ineligible to receive the flu vaccine today, we will provide you with additional information about how to get it in the future and/or ways to decrease your risk of infection.

FOR INACTIVATED INFLUENZA VACCINE

	YES	NO
1. Do you have a serious allergy to eggs or any vaccine component?		
2. Have you ever had a serious reaction to a previous dose of flu?		
3. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within six weeks after receiving a flu?		
4. Do you feel ill with a fever?		

Consent for Vaccination

I have read the [Influenza Vaccine Information Statement](#) and understand the risks and benefits. I GIVE CONSENT to receive this vaccine from the Wellness Center.

Signature: _____

Date: _____

Privacy Policy

I have read the [Wellness Center Privacy Statement](#) for Dickinson College Students Participating in the Flu Clinic regarding my protected health information collected on this form.

Signature: _____

Date: _____

For Office Use

Vaccination Record

Vaccine	Dose/Route	Manufacturer	Lot Number	Exp Date	Date given	Prov. Initials	L/R Deltoid
Inactivated Influenza Vaccine	0.5 ml / IM	Sanofi Pasteur	UT7701MA	6/30/2023			

Flu Vaccine Log Label