



WELLNESS CENTER

2024 FLU VACCINE CLINIC PARTICIPATION FORM

Last name	First name	Date of birth
BANNER ID		Dickinson Email

The following questions will help us know if you are eligible to receive the 2024-25 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? (If yes, see below recommendations)		

Recommendations to delay vaccine

If you develop a respiratory illness (cough, cold symptoms, chest congestion) associated with a fever, you should not receive a flu vaccine until your fever has subsided for 24 hours (without use of a fever-reducing medicine). **Important: If you have a respiratory illness with fever the day of your scheduled flu vaccine, please cancel and reschedule for a later flu vaccine clinic date or get it from another vaccine provider when you are feeling better.**

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 and acknowledge the [Wellness Center Privacy Statement](#) for participating in the Flu Vaccine Clinic regarding my protected health information collected on this form.

Signature: _____

Date: _____