

DEPT: \_\_\_\_\_ NETID: \_\_\_\_\_

>65 yrs :INFLUENZA VACCINE CONSENT FORM 2024-2025 FLU SEASON

READ THE INFORMATION SHEET CAREFULLY

I am considering being inoculated against influenza and I release RUTGERS employees and agents from any and all claims, causes of action and demands of any kind, whether known or unknown, which I have, ever have had or ever in the future may have, and which are based on or arise from or are related to such inoculation. The flu vaccine is an inactivated influenza virus vaccine and cannot give you the flu. Side effects are rare, may include tenderness at the injection site, low grade fever, headache, and muscular aches. **If Guillain-Barre syndrome has occurred within 6 weeks of receipt of a prior influenza vaccine, please discuss with your primary physician potential benefits and risks before receiving this vaccine.**

**If you are pregnant or breastfeeding, please consult with your physician prior to receiving the Flu Vaccine**

I have not had allergic reaction to previous influenza vaccine. I do not have an upper respiratory infection, fever or active neurological disorder.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ DOB: \_\_\_\_\_

Please print clearly

I have been provided the Vaccine Information Sheet (VIS) for Influenza vaccine (last updated 2021). I have read it and have had any questions answered. I have been advised of potential side effects associated with the receipt of the Influenza Vaccine.

\_\_\_\_\_ I accept receipt of the vaccine

\_\_\_\_\_ I refuse receipt of the vaccine: (check one)

Plan to apply for medical/religious exemption

Received vaccine elsewhere

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Given by: \_\_\_\_\_, RN

Date: \_\_\_\_\_

Lot#: 388466 Expiration Date: 4/30/2025 Lt \_\_\_ Rt \_\_\_ Deltoid

Manufacturer: Seqirus