

Workplace Flu Shot Consent Form

Employee Information

Full Name

Date of Birth

Department

Contact Number

Health Screening

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I am not sick today (fever, cold, flu symptoms)

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I have not had a severe reaction to flu shots before

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I do not have allergies to eggs or vaccines

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I am not currently receiving medical treatment for immune disorders

Please mention any other health concerns:

Consent

I have read and understood the information about the flu vaccine. I have had the opportunity to ask questions, which were answered to my satisfaction. I give consent to receive the influenza vaccine.

Signature

Date