Encompass Medical Group
INFLUENZA VACCINE 2026-27
CONSENT FORM

Patient Name: _____

Birthdate: _____

	Yes	No
Do you have a history of severe allergic reactions to this vaccine?		
Any prior history of allergic reactions to egg and/or gelatin?		
Do you have a sensitivity to the preservative Thimerosal?		
Do you have a past history of Guillain-Barre' Syndrome?		
Do you currently have an acute febrile illness?		
Have you ever had a severe reaction to latex?		

CONSENT REGISTRATION FORM

I have read the information about influenza, the vaccine, and the possible side effects. I have had an opportunity to ask questions regarding vaccination recommendations and understand the benefits and risks of flu vaccination as described. I request that it be given to me.

_____
Patient Name (please print)

_____
Patient Signature

Influenza Vaccine Administered

Date:_____ **Time:**_____

R L Deltoid

By:_____
RN/MA Signature

Manufacturer:_____

Lot#:_____

8/11/25ag