



The Peninsula's Community College

INFORMED CONSENT/RELEASE FORM
INFLUENZA VACCINATION

Student Name: _____ Date: _____

PLEASE CHECK YES OR NO FOR THE FOLLOWING QUESTIONS:

Table with 3 columns: QUESTION, YES, NO. Rows include questions about illness, allergies, previous immunizations, Guillain-Barré Syndrome, and pregnancy.

CONSENT:

I voluntarily agree to receive the INFLUENZA VACCINE. I have read the educational information and I have had all my questions answered. I furthermore release Thomas Nelson Community College and any other organizations, clinics, and/or facilities associated with the influenza vaccine from any and all liability.

Printed Name: _____ Signature: _____

TO BE COMPLETED BY VACCINE PROVIDER:

Manufacturer: _____ Lot #: _____ Exp. Date: _____

Dose: _____ Site: L or R Deltoid _____ Date Administered: _____

Administered By: _____

Signature of Administrator: _____