## Flu Vaccine Consent Form

School	Name:		Clinic Date:	
	PLEASE COMPLETE ALL OF		- Please print using ink (	 _
FIRST NAME of Student:		MIDDLE INITIAL	LAST NAME of Student:	
ender: Male	<b>)</b> emale Birthdate:			



## **VACCINE INFORMATION STATEMENT**

Many Vaccine Information Statements are available in Spanish and other languages. Seewww.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visitewww.immunize.org/vis

1 Why get vaccinated?

In uenza vaccinecan preventn uenza ( u) .

Flu is a contagious disease that spreads around the United States every year, usually between October

4	Risks of a vaccine reaction						
, Soreness, redness, and swelling where shot is given,							
		Office use only					
		I OTHER USE OF IS					