



Public Health  
Prevent. Promote. Protect.



**BRISTOL-BURLINGTON HEALTH DISTRICT**  
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Healthy People



Healthy Communities

## 2020 - 2021 INFLUENZA IMMUNIZATION CONSENT FORM

I HAVE READ OR HAD EXPLAINED TO ME THE ATTACHED VACCINE INFORMATION STATEMENT (VIS) TITLED "WHAT YOU NEED TO KNOW" ABOUT THE INFLUENZA VACCINE. I HAVE HAD A CHANCE TO ASK QUESTIONS WHICH, IF ASKED, WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THE BENEFITS AND RISKS OF BEING VACCINATED. I ALSO UNDERSTAND THAT THIS IS A VOLUNTARY VACCINATION AND THAT THIS IS MY CHOICE AND AT MY OWN RISK.

I REQUEST THAT THE QUADRIVALENT INFLUENZA VIRUS VACCINE, AFLURIA, containing: A/Victoria/2454/2019 IVR-207 (an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus), A/Hong Kong/2671/2019 IVR-208 (an A/Hong Kong/ 2671/2019 (H3N2)-like virus), B/Victoria/705/2018 BVR-11 (a B/Washington /02/2019-like virus) and B/Phuket/3073/ 2013 BVR-1B (a B/Phuket/3073/2013-like virus). A 0.25 mL dose contains 7.5 mcg HA of each of the same four influenza strains, **BE ADMINISTERED TO ME** (or to the person named below for whom I am authorized to make this request). Thimerosal, a mercury derivative, is not used in the manufacturing process for the single dose presentation. This dose presentation doesn't contain preservative. A single 0.5 mL dose of AFLURIA QUADRIVALENT contains sodium chloride (4.1 mg), monobasic sodium phosphate (80 mcg), dibasic sodium phosphate (300 mcg), monobasic potassium phosphate (20 mcg), potassium chloride (20 mcg), and calcium chloride (0.5 mcg). From the manufacturing process, each 0.5 mL dose may also contain residual amounts of sodium taurodeoxycholate ( $\leq 10$  ppm), ovalbumin ( $< 1$  mcg), sucrose ( $< 10$  mcg), neomycin sulfate ( $\leq 81.8$  nanograms [ng]), polymyxin B ( $\leq 14$  ng), beta-propiolactone ( $\leq 1.5$  ng) and hydrocortisone ( $\leq 0.56$  ng). A single 0.25 ml dose of AFLURIA QUADRIVALENT contains half of these quantities. The rubber tip cap and plunger used for preservative-free, single-dose syringes and the rubber stoppers used for the multi-dose vial were not made with natural rubber latex.

Please choose the correct answer the following questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have an allergy to eggs, egg protein or egg products?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had an allergic reaction after receiving any flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you ill with a fever or have a problem with your immune system?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had Guillain-Barre Syndrome?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION TO INFLUENZA CLINIC STAFF TO DETERMINE MY ELIGIBILITY OR HEALTH STATUS, IF NECESSARY.

Name of person receiving vaccine (please print) \_\_\_\_\_ Birth Date (DOB) \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City / Town \_\_\_\_\_ Zip Code \_\_\_\_\_

X \_\_\_\_\_  
Signature of person receiving vaccine (or authorized representative) \_\_\_\_\_ Date Signed \_\_\_\_\_

If you are a Municipal employee working for the City of Bristol or Town of Burlington, please check one:

\_\_\_ Bristol Municipal Employee: Dept. or school you work for: \_\_\_\_\_

\_\_\_ Burlington Municipal Employee: Dept. or school you work for: \_\_\_\_\_

\*\*\*\*\*FOR CLINIC USE ONLY\*\*\*\*\*

Manufacturer: Seqirus Lot #: P100261242 Exp. Date: 30 June 2021

Vaccination location: \_\_\_\_\_ Vaccinator's name \_\_\_\_\_

Injection site: \_\_\_ Left deltoid \_\_\_ Right deltoid Notes: \_\_\_\_\_