



The University of Chicago

UChicago Student Wellness

840 E. 59th Street | Suite L1100 | Chicago, IL 60637 | 773.834.WELL

INACTIVATED INFLUENZA VACCINE RECORD 2021-2022

<input type="checkbox"/> UC Student ID # _____ Check here if a medical student: <input type="checkbox"/>	<input type="checkbox"/> UC Faculty/Staff <input type="checkbox"/> Temporary Employee	<input type="checkbox"/> Dependent/Spouse
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Last Name: _____ First Name: _____

DOB: _____ Phone: _____ Email: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Please check YES or NO for each question.	YES	NO
1. Have you ever had a severe/anaphylactic (life-threatening) reaction after receiving the flu influenza?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you sick today, exhibiting symptoms other than mild coughing, runny nose and/or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a severe/anaphylactic (life-threatening) reaction to any of the components in the influenza vaccine you will be receiving today? (I.E. eggs, egg proteins, thimerosal, latex, gelatin, arginine, formaldehyde, gentamicin, polymyxin B, neomycin, etc.) Anything other than hives?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a history of Guillain-Barre syndrome (muscle weakness and possibly paralysis) within 6 weeks of receipt of receiving an influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant or suspect you are pregnant? If yes, please talk to the nurse before receiving your flu shot.	<input type="checkbox"/>	<input type="checkbox"/>

VACCINE ADVERSE REACTIONS

Because the influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. An occasional case of respiratory distress following immunization represents coincidental illnesses unrelated to influenza immunization. Most people who receive the vaccine either have no reaction or only mild reactions. **Mild Problems:** Soreness, redness, or swelling where the shot was given. Hoarseness; sore, red, itchy eyes; cough, fever, aches, headache, itching, and fatigue. If these problems occur, they usually begin soon after the shot and last 1-2 days. **Severe Problems:** Life threatening allergic reaction from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot. The safety of vaccines is always monitored. For more information visit: <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/index.html>.

I have received and read the information on the Vaccine Information Statement (VIS) for the vaccine being administered. I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and request that it be given to me. I freely and voluntarily consent to be vaccinated.

Patient Signature: _____ Date: _____

AREA BELOW TO BE COMPLETED BY THE NURSE

Given By:

Nurse Signature: _____ Date: _____

Manufacturer Name: _____ IM Injection Site (deltoid): Right Left

Lot Number: _____