

**Student Health and Wellness Center
455 Lee Street 3rd Floor Ste 300A
Atlanta, Georgia 30310
404-756-1241**

INFLUENZA VACCINE AUTHORIZATION FORM

Employee Student Faculty OTHER

You will be receiving Influenza Virus Vaccine (Fluzone). Influenza is a respiratory pathogen that can cause severe disease and even death in some individuals.

POSSIBLE SIDE EFFECTS FROM THE VACCINE: Because Influenza vaccine contains only noninfectious viruses, it cannot cause influenza. Respiratory disease after vaccination is coincidental and is not related to the influenza vaccination. The most frequent side effect is soreness at the vaccination site that last up to two (2) days. These local reactions generally are mild and rarely interfere with ability to conduct usual daily activities.

I have been informed and understand the Vaccine Information Statement.

I know the benefits and risk of the vaccine.

I have had a chance to ask questions about the disease, the vaccine and how it is given.

Print Patient's Name

Date of Birth

Classification (*for MSM students only*)

Patient's Signature

The above information and questions were reviewed with the patient.

Date _____ Time _____ DOSE 0.05ml. Lot # _____

Manufacturer: Sanofi Pasteur Expiration Date _____ MODE: IM L ___ R ___ Deltoid

Signature/ Title of Healthcare Provider _____

Healthcare Provider Name (Print) _____