USC Student Health
Keck Medicine of USC

Place patient label here

Influenza(Flu Vaccine)
Consent 2024—2025

Section 1: Patient Information	
USC Affiliation: ☐Student ☐Faculty/Staff ☐ Other	Today's Date(MM/DD/YYYY)
Name: Birthdate(MM/DD/YYYY) USC ID#	
Local Address	*Are you 17 years of age or younger? Yes ☐ No ☐
City State Zip Code	
Do you have the Aetna Student Health Insurance Plan? Yes ☐ No ☐	*If you are under 17, please notify the immunizations staff BEFORE the vaccine is administered

Section 2: Screening for Vaccine Eligibility		
Yes	No	
☐	☐	Are you sick or do you have a fever greater than 101^0 F (38.3^0 C) today?
☐	☐	Have you ever had an allergic reaction to a flu shot or any component of a flu shot?
☐	☐	Are you allergic to chicken, eggs, or egg products?
☐	☐	Do you have a history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination?
☐	☐	FOR FEMALES ONLY: Are you pregnant or is there a chance you will become pregnant in the next month?

Section 3: Consent

I have received, read, and/or have had explained to me the information on this form and on the Vaccine Information Statement. I have been given the opportunity to ask questions, including the risks and benefits of receiving the influenza vaccine. All of my questions concerning the vaccine have been answered to my satisfaction.

I understand that if I do not have the Aetna Student Health Insurance there will be a fee of $20 for this vaccine and that I am responsible for payment.

Based on that understanding, I consent that the influenza vaccine be given to me or the person named above for whom I am authorized to consent. I authorize designated staff to administer the vaccine.

I understand that a record of my declination will be provided to and retained by both LAC-USC and Keck Medicine of USC.

_____ _____

Signature of Patient/Legal Guardian Date

If signed by someone other than recipient, please indicate name and relationship. _____

Section4: Administration Record –Office/Administrative Use Only			
Date Administered:	MFG. Lot # : Expiration:	Site of Injection 0.5cc Deltoid ☐ Left ☐Right	Administered By: