

2026-2027 Influenza Vaccination Consent Form



Full Name: _____ Date of birth: _____ Age: _____

Flu vaccination screening questions:	1. Are you sick today? (minor illness is not a contraindication to vaccination)	☐ Yes	☐ No
	2. Do you have a life-threatening allergy to a vaccine component?	☐ Yes	☐ No
	3. Have you had a life-threatening reaction to an influenza vaccine in the past?	☐ Yes	☐ No
	4. Have you ever had Guillain-Barré syndrome w/in 6 weeks of flu vaccine?	☐ Yes	☐ No
LAIV eligibility: ONLY COMPLETE THIS SECTION IF FLUMIST DESIRED. A "YES" ANSWER IN THIS SECTION MEANS THAT YOU SHOULD NOT HAVE LIVE INFLUENZA VACCINATION SUCH AS FLUMIST. (YOU CAN STILL HAVE THE FLU SHOT.)	1. Are you 50 years of age or older? (FluMist is only for those 2-49 yo.)	☐ Yes	☐ No
	2. Do you have a chronic health condition that includes any of the following: <i>Heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g. diabetes); anemia or other blood disorder; or a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?</i>	☐ Yes	☐ No
	3. Are you pregnant or planning to become pregnant in the next month?	☐ Yes	☐ No
	4. Do you have close contact with patients currently hospitalized for bone marrow transplants?	☐ Yes	☐ No
	5. Are you taking daily antiviral medications or, if less than 18, daily aspirin?	☐ Yes	☐ No
	6. Have you had MMR, Varicella, MMRV, or yellow fever vaccine in the last 4 weeks?	☐ Yes	☐ No

Please note: The flu vaccination you receive today will be recorded in MIIC (the Minnesota Immunization Information Connection, the statewide immunization registry). Information in MIIC is confidential and will only be shared with organizations or persons authorized by law to receive it. If you do not want to participate in the registry, please call 1-800-657-3970. Vaccination will also be recorded in the GRHS Medical Record. If you have had recent chemotherapy, radiation therapy, or steroids (except inhaled), the vaccine effectiveness may be decreased. However, influenza vaccination is still encouraged. Flu vaccination is also strongly encouraged for any woman who is/will be pregnant or breastfeeding during influenza season. Vaccination can be safely given during any trimester.

☐ **YES, I consent to have the influenza vaccine. NOTE: Flublok is approved only for people 9yo or older.**
Patient/guardian Signature _____

Date administered/VIS given: ____/____/____		Date of VIS: 01/31/2025	
Lot #: Fluzone: ____ 6UA5XU1G _____ Fluzone HIGH DOSE: ____ 6UA9AU1 ____ 6UAA6U1G _____ FluMist(nasal): ____ AF3585 _____ Flublok (egg-free): ____ TFAA2607 _____	Mfg: ____ SANOFI ____ PMC ____ MED IMMUN	CPT code: ____ 90656 = IIV3 Fluzone trivalent p-free 0.5ml ____ 90662 = IIV3 Fluzone trivalent high dose 0.5 ml (≥65 yrs) ____ 90672 = Live intranasal FluMist ____ 90673 = RIV3 Flublok (Egg-free) trivalent 0.5 ml Exp date: ____ 06/30/2027 (Fluzone/Fluzone HD) ____ 12/8/2026 (FluMist) ____ 5/31/2027 (Flublok)	
Route: ____ IM ____ Nasal	IM Site: ____ R deltoid ____ L deltoid	Name and title of vaccine administrator: _____	

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Age	Vaccination Status	Dose	Schedule
6 months through 35 months	Not previously vaccinated with influenza vaccine or unknown vaccination history	Two doses, either 0.25 mL or 0.5mL*	Administer at least 4 weeks apart
	Previously vaccinated with influenza vaccine	One or two doses†, either 0.25 mL or 0.5 mL*	If two doses, administer at least 4 weeks apart
36 months through 8 years	Not previously vaccinated with influenza vaccine or unknown vaccination history	Two 0.5 mL doses	Administer at least 4 weeks apart
	Previously vaccinated with influenza vaccine	One or two 0.5 mL doses†	If two doses, administer at least 4 weeks apart

Age	Vaccination Status	Dose	Schedule
9 years and older	-	One 0.5 mL dose	-

Administer Fluzone High-Dose as a single 0.5 mL dose. (2)

Flublok is an injection, a single dose is 0.5mL.