



# ARIZONA STATE UNIVERSITY HEALTH SERVICES

## 2012 INFLUENZA VACCINE RELEASE FORM

I have been given a copy and understand the "Vaccine Information Statement" for the disease and vaccine above. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me. I *hereby release ASU from any and all liability from, or in any way connected with, the vaccination.* I certify that the following information is correct to the best of my knowledge.

 **Student**
 **Staff with ASU Insurance**

(Please answer all questions below by checking the appropriate YES or NO space.)

	YES	NO
❖ Are you allergic to eggs, chicken or chicken feathers?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Do you have a fever, acute respiratory or other active infections or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Have you had a <b>FLU SHOT / FLU MIST</b> before?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Have you ever had a serious allergic reaction to a <b>FLU SHOT/FLU MIST</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Are you allergic to Thimerosal (used in flu vaccine and some contact lens solutions)?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Have you had chemotherapy or immunosuppressive therapy within the past two (2) weeks?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Do you have an active neurologic disorder?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Have you had Guillain-Barre Syndrome (paralyzing disorder)?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Do you have a chronic medical condition (ex. Diabetes, asthma, heart disease, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
❖ Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

**INFORMATION ABOUT PERSON TO RECEIVE VACCINE  
(PLEASE PRINT)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

ASU ID #: \_\_\_\_\_

Date of Birth (Month/Date/Year) : \_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CLINIC/OFFICE USE**

---

**MANUFACTURER/LOT NUMBER:**

Novartis	Lot 1224 1P	Expires 5/2013	<input type="checkbox"/>
	Lot 1226 5P	Expires 6/2013	<input type="checkbox"/>
	Lot 1230 05	Expires 5/2013	<input type="checkbox"/>
			<input type="checkbox"/>

---

VIS Date 07/02/2012

SITE OF INJECTION: \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ Deltoid \_\_\_\_\_

---

**SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR**

DATE VACCINATED: \_\_\_\_\_

 **Bill to my ASU Student Account.**