



INFLUENZA VACCINATION CONSENT 2019/2020

Please have your CUIMC Student ID ready for SHS staff

Students needing documentation for external employment can pick up a copy of your flu consent at the SHS Front Desk in 24 hours. This flu vaccine is not entered in the NYP/WH&S flutracker system.

I read the CDC Vaccine Information Statement. I understand the benefits and risks of the influenza vaccine and agree to receive the flu vaccine. yes no

Are you acutely ill today? yes no

Do you have a documented severe allergy to eggs? yes no

Have you ever had a severe reaction after a previous dose of flu vaccine? yes no

Have you ever been diagnosed with Guillain-Barré Syndrome? yes no

Please print:

Last Name

First Name

Columbia Uni

Student Signature

Date of Birth

To be completed by Student Health Service staff

GlaxoSmithKline Fluarix Quadrivalent

Lot # BK373

Expiration date: 6/30/2020

Vaccination Date _____ CDC VIS (8/15/19) given Dose 0.5cc IM Left/ Right

SHS Staff: A. March, FNP _____ B. Johnson, LPN _____

G. Guptan, RN _____ Other _____