**Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T**eam /Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alive Hospice, Inc.**

**Consent and Release for the Inactivated Influenza Vaccine**

**Initial:**

\_\_\_\_\_\_\_\_ I have not had a serious reaction (e.g. anaphylaxis) after eating eggs or after receiving a dose of influenza vaccine or influenza vaccine component. Component list: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendizes/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendizes/B/excipient-table-2.pdf).

\_\_\_\_\_\_\_\_ I have no moderate or severe acute illness (with or without a fever)

\_\_\_\_\_\_\_\_ I have never had Guillain Barre’ syndrome within 6 weeks of previous influenza vaccination.

\_\_\_\_\_\_\_\_ I have received the “Inactivated Influenza Vaccine” Vaccine Information Statement dated 08-6-2021.

I consent to receive the Flu Vaccination and release the Alive Hospice and the employees of Alive Hospice, Inc. from any liability in connection with the administration.

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Printed Employee/Volunteer Name / Signature Date

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Administered by (printed name) / Signature Date

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Lot Number \_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_ Manufacturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_