

INACTIVATED INFLUENZA VACCINE  
Patient Consent Document

Based upon the “Inactivated Influenza Vaccine – What You Need To Know” vaccine information statement provided to me, my provider’s explanation of the vaccine’s risks, and upon my understanding of the vaccine injection, I hereby request and consent to the injection of the influenza vaccine.

I have read and understand the vaccine information statement, have had an opportunity to ask questions, understand the risk and potential benefits, and I desire to proceed.

Additionally, I understand that my insurance may not cover the influenza vaccine, and I agree to be fully responsible for payment in the event my insurance company denies the service.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature