

**University of Louisville  
Health Services Offices 2009-2010**

**VOLUNTARY CONSENT FOR INFLUENZA VACCINE  
THIS FORM IS FOR THE YEARLY FLU VACCINE NOT H1N1.**

Employee/Student ID: \_\_\_\_\_ Department ID: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Campus: Belknap HSC Shelby (circle one)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employee: Y N Student: Y N  
 Full Time: Y N Resident/Fellow: Y N  
 Home/Cell Phone: \_\_\_\_\_ Part Time: Y N UPA: Y N  
 Retired: Y N House Staff: Y N

**Please answer the following questions on the day of the vaccination:**

Do you have a fever of >100.5° F today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in your first trimester of pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a reaction to eggs, thimerosal, or formaldehyde?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been paralyzed with Guillain Barre' Syndrome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have read the influenza information or it has been read to me. I have been given the opportunity to ask questions.

X \_\_\_\_\_  
**Patient** **Date**

Vaccine Lot Number  
 (Name and Lot of serum)

Site: L R Deltoid

**Staff Reviewer:** \_\_\_\_\_

X \_\_\_\_\_  
 Medical Staff **Date**

Today's Total \_\_\_\_\_ Paid: check or cash \_\_\_\_\_

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|---|
| <input type="checkbox"/> Free to U of L students. (Confirmation & Student ID required).<br><input type="checkbox"/> Free to Graduate Medical Education Residents and Fellows (Confirmation & ID required)<br><input type="checkbox"/> Free to U of L faculty and staff who are at least 80% FTE (Confirmation form & ID required).<br><input type="checkbox"/> \$5.00 to eligible University of Louisville Part-time employees and retirees (Confirmation & ID required).<br><input type="checkbox"/> All others may purchase the vaccine for \$20.00 (no insurance claims will be filed) |
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***This consent form MUST be brought with you to receive your free flu vaccine at Campus Health or Papa John's Stadium. Bring a picture ID along with this SIGNED form to:***

**HSC Campus Health Center  
 UofL Health Care Outpatient Center  
 401 E. Chestnut St., Suite 110  
 Louisville, KY 40202**

**Belknap Campus Health Services  
 2207 S. Brook Street  
 Louisville, KY 40292**