

2011 – 2012 Flu Vaccine Form  
SMU Student Health Center  
6211 Bishop Blvd  
Dallas, TX 75275-0195  
214-768-2141

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ SMU ID# \_\_\_\_\_

Phone# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Month/Day/Year)

Please circle:

Status: **Student**      **Faculty**      **Staff**      **Retiree**      **Other** \_\_\_\_\_

**Aetna Student Health Insurance?    Yes    No**

**If Yes, current address required:** \_\_\_\_\_  
Street City/St/Zip

**Influenza vaccine for the 2011-2012 vaccine provides protection against A/H1N1 influenza and two other viruses, A/H3N2 and Influenza B. It will not prevent illnesses caused by other viruses.**

1. Do you feel ill today or have you had a fever, diarrhea or vomiting in the past 2 days?      Yes    No
2. Have you ever had a severe reaction to any vaccine which required medical care?      Yes    No
3. Are you allergic to eggs, preservatives (thimerosal), or latex?      Yes    No
4. Have you had Guillain-Barre Syndrome, a neuro-muscular condition?      Yes    No
5. For Women: Are you pregnant?      Yes    No
6. Have you taken Relenza, Tamiflu or Flumist in the past 2 weeks?      Yes    No

I have read the Vaccine Information Sheet (VIS) and I have been given the opportunity to ask questions that have been answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent for the administration of the vaccine. I understand that if I experience any side effects, it will be my responsibility to follow-up with my own physician or at the Health Center.

\_\_\_\_\_  
**Signature of Patient**      \_\_\_\_\_ **Date**      **\*\* Please initial that you have reviewed our Health Information Privacy Policy.**

\_\_\_\_\_  
Initials

**Office Use Only** \_\_\_\_\_

Vaccine/ Manufacturer/lot#/exp.date:      0.5ml

Route: IM or NF Admin. Site: R or L Deltoid VIS Date: 8-11-09 Admin. Date: as above

Administrator: \_\_\_\_\_ Access    ASI    Cash    Check    HR    C/D    NC  
\$ 5  
\$25