

## INFLUENZA VACCINE CONSENT FORM

J.B. Hunt Transport  
 October 15, 2021

<b>PLEASE PRINT</b>		
Name:		
Doctor:		
Please answer the questions below.	<b>YES</b>	<b>NO</b>
1. Have you ever had a flu shot before?		
2. Are you allergic to eggs?		
3. Females: Are you pregnant?		
4. Have you ever developed Guillain-Barré syndrome?		
I hereby certify that the forgoing history is true and complete to the best of my knowledge. I understand the benefits and risks of the influenza vaccination and request that the vaccine be given to me.		
Signature:	Date:	

<b>INTERNAL USE ONLY</b>					
Dosage	Site of Injection Deltoid:		Mfg.	Lot No.	Expiration
<input checked="" type="checkbox"/> 0.5 cc	<input type="checkbox"/> Right	<input type="checkbox"/> Left	Fluarix Quadrivalent IM, GlaxoSmithKline	FT779	6/30/2022
<input checked="" type="checkbox"/> 0.5 cc	<input type="checkbox"/> Right	<input type="checkbox"/> Left	Fluarix Quadrivalent IM, GlaxoSmithKline	7R9NM	6/30/2022
<input checked="" type="checkbox"/> 0.5 cc	<input type="checkbox"/> Right	<input type="checkbox"/> Left	Fluarix Quadrivalent IM, GlaxoSmithKline	NK45K	6/30/2022
Signature of Person Administering Vaccine:					