

INFLUENZA VACCINE CONSENT FORM

J.B. Hunt Transport
October 20 & 25, 2022

| PLEASE PRINT | | |
|--|------------|-----------|
| Name: | | |
| Doctor: | | |
| Please answer the questions below. | YES | NO |
| 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: | |

| INTERNAL USE ONLY | | | | | |
|--|--------------------------------|-------------------------------|--|---------|------------|
| 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 | 53Y2G | 6/30/2023 |
| Signature of Person Administering Vaccine: | | | | | |