

700 Ackerman Road, Suite 1007, Columbus, Ohio 43202 – Phone (614)292-4700

**The Ohio State University Health Plan, Inc.
Influenza Vaccination Registration/Consent Form**

First Name: _____ Last Name: _____ Phone: _____

Date of Birth: _____ Employee ID# _____

Flu Compliancy entered into Enterprise Health by November 30, 2026:**PLEASE ANSWER QUESTIONS BELOW:**

Have you been given and read the 1/31/2025 Vaccine Information Statement?	Yes	No
Are you currently ill or have had a fever in the past 48 hours?	Yes	No
Have you ever had a flu shot?	Yes	No
Have you ever had a serious or allergic reaction to a previous flu vaccine?	Yes	No
Do you have a history of Guillain-Barre Syndrome (GBS)?	Yes	No
Do you have a severe allergy to gelatin?	Yes	No
Do you have a severe allergy to antibiotics?	Yes	No
Do you have an allergy to formaldehyde?	Yes	No
Allergic reaction does NOT include redness, swelling or pain at the injection site; it DOES INCLUDE , but is not limited to the following: shortness of breath, systemic rash, hives, swelling of lips, tongue, mouth or throat, anaphylaxis		

Please review the PATIENT INFORMATION form and read the following before signing.

I, the undersigned, hereby consent to administration of the influenza vaccine to me. I have read fully the information about the risks and benefits of the flu vaccine, as set forth on the Center for Disease Control published Vaccine Information Statement sheet about flu shots, and I have been given an opportunity to ask questions, which have all been answered to my satisfaction. I hereby release The Ohio State University Health Plan, Inc, its affiliates and subsidiaries, and each of its employees, agents and representatives, from all liability as a result of administration of this vaccine.

Signature_____
Date

For OSU Health Plan Use Only**Administered under authority of Robert Cooper, MD****Injection Site:** Deltoid L R**Administered by:** _____ **Date** _____**Flu Vaccine Name and Manufacturer:** Fluzone by Sanofi**Lot #:** _____ **Expiration Date:** _____**Needle:** 25G 1" 0.5 ml 25G 5/8" 0.5ml 22G 1 1/2" 0.5ml