KU WATCHINS HEALTH SERVICES
The University of Kansas

Watkins Memorial Health Center
1200 Schwegler Dr. • Lawrence, KS 66045
www.studenthealth.ku.edu

Student Clinic: (785) 864-9500
Faculty & Staff Clinic: (785) 864-9565
WHS Pharmacy: (785) 864-9512

OFF-SITE INFLUENZA AND/OR MMR VACCINE DOCUMENTATION/CONSENT FORM

Name: _____
(PLEASE PRINT) FIRST LAST

KU Student ID#:_____Date of Birth: _____ *Sex: ❑ Male ❑ Female
MM/DD/YYYY *(*Required for insurance billing)*

Address:_____
Street Address City State Zip

Phone Number: ❑ Mobile ❑ Home ❑ Work _____

I have been offered a copy of the Vaccine Information Statement(s) (VIS) checked below. I have read, had explained to me, and understand the information in the VIS(s). I ask that the vaccine(s) checked below be given to me.

❑ Influenza, Inactivated ❑ MMR (Edwards Campus Only)

IMMUNIZATION SCREENING QUESTIONNAIRE

1.	Are you currently sick or experiencing a high fever?	❑ Yes	❑ No
2.	Do you have allergies to materials, medications, food or any vaccine?	❑ Yes	❑ No
3.	Have you had a serious reaction to a vaccine in the past?	❑ Yes	❑ No
4.	Do you have a history of Guillain-Barre' Syndrome?	❑ Yes	❑ No
5.	Do you have any medical problems (cancer, leukemia, AIDS, etc.) that make it hard for you to fight infection?	❑ Yes	❑ No
6.	Are you taking cortisone, prednisone, other steroids, or anti-cancer drugs, or immunosuppressants, or had radiation treatments, or antiviral drugs?	❑ Yes	❑ No
7.	Have you received blood, plasma, or immune globulin in the past twelve months?	❑ Yes	❑ No
8.	Are you pregnant or planning to becoming pregnant within the next four weeks?	❑ Yes	❑ No
9.	Have you received vaccinations in the past 4 weeks?	❑ Yes	❑ No
10.	Are you at least 18 years of age?	❑ Yes	❑ No

_____ _____
Signature of Patient or Parent/Guardian *Date*

********** **FOR INTERNAL USE ONLY** **********

Site ☐ R ☐ L Deltoid Lot# 195212 Exp 3/2018 Signature_____VIS given to pt 08/07/2015
(Date Published)

Site _____ Lot# _____ Exp_____Signature_____VIS given to pt_____
(Date Published)

❑ **R&R** ❑ **Nursing** ❑ **BO**