

Adult - Refusal to Stay After Receiving a Vaccine

Name of client: _____ Date Vaccine administered: _____

Name of vaccine: _____ Time vaccine administered: _____

A healthcare professional has informed me that I should remain for 15 minutes after receiving influenza vaccine in order to be observed for signs and symptoms of an allergic reaction. I have also been advised of the risks of an allergic reaction to the vaccine, including the inability to breathe. I acknowledge that I have been properly informed about the potential side effects of taking the vaccine and the risks of leaving before the recommended fifteen minutes observation. Notwithstanding the recommendations, and mindful of the potential adverse consequences from taking the vaccine, I decline to remain for a fifteen minute period of observation. I assume full responsibility for any adverse consequences which arise from my leaving prior to the recommended observation period, including a potential severe allergic reaction to the vaccine which may hinder my ability to breathe and may require emergency care.

Signature of adult client

Date

Time

Signature of School Vaccine Provider

Date

Reference: Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition; U.S. DHHS, CDC; May, 2011, Appendix D-3.