



Adult - Refusal to Stay After Receiving a Vaccine

Printed Name of client: _____ Date: _____

Name of vaccine: _____ Time: _____

- 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 immediate adverse 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 Clinic Authority/Vaccinator

Date

Time