GRAND VALLEY STATE UNIVERSITY®
CAMPUS HEALTH CENTER

G# Last Name First Name Birth Date Gender

Address City State Zip Code Phone Number

**GVSU Status:** Faculty/Staff ☐ Student ☐ Retiree ☐ Dependent of GVSU Faculty/Staff ☐ Spouse ☐

1. Do you have an allergy to eggs? Yes ☐ No ☐
2. Are you currently ill with a fever? Yes ☐ No ☐
3. Have you ever had a severe reaction to a flu shot? Yes ☐ No ☐
4. Have you ever been diagnosed with Guillian-Barre Syndrome? (a neurological condition that causes weakness or paralysis) Yes ☐ No ☐
5. Are you 65 or older? Yes ☐ No ☐

I have read or have had the information about the influenza and the influence vaccine explained to me. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request the vaccine to be given to me or to the person named, for whom I am authorized to make this request.

Signature of Patient or Guardian Date

Site given: Right Deltoid IM Left Deltoid IM Right Thigh IM Left Thigh IM

Given by:_____ Date: _____

**Payment by:** Credit Card ☐ Billed to Insurance ☐

Insurance Name Relation to Insurance Holder Insurance Holder's Name Insurance Holder's Date Of Birth

Address City State Zip Code

Campus Health Center 10383 42nd Ave Allendale, MI 49401 Phone: (616) 331-2800
Fax: (616) 331-8995 Email: studenthealthservices@gvsu.edu

Updated for 2026