

Annual Influenza Vaccine Consent Form-2020/2021

Section 1: Patient Information (please print)

*****Please provide ID and Insurance Card for billing purposes*****

Patient Name (Last)			(First)	(M.I.)	Patient DOB:	
Parent/Guardian Name (Last)			(First)	(M.I.)	Patient Age:	PCP:
Address					Patient/Guardian phone #	
City	CO	Zip				
Name of medical insurance to be billed:					ID#	

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if you can get the seasonal influenza vaccine. Please mark YES or NO for each question.

	YES	NO
1. Does patient have a serious allergy to eggs, chicken or chicken feathers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is patient currently ill or have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has patient ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has patient ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent

CONSENT FOR VACCINATION:

I have read or have had explained to me the 2020/2021 Vaccine Information Statement (VIS) for the seasonal influenza vaccine and understand the risks and benefits.

Signature of Parent/Legal Guardian _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Verified above for pertinent positives: _____

Staff initials

Vaccine	Route	Date Dose Administered	Vaccine Site (RT/LT Arm)	Temp	Lot Number / Exp Manufacturer – Sanofi	Name and Title of Vaccine Administrator
FLUBLOK Pres-Free (single dose syringe)	IM	/ /			QFAA2004 Exp: 5/20/21	
FLUZONE (multi-dose vial)	IM	/ /			Exp:	
FLUZONE Pres-Free (single dose syringe)	IM	/ /			Exp:	