



## **Flu Shot Vaccine Registration and Consent to Administer Flu Vaccine**

Name of Person Receiving Vaccine \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Primary Care Physicians Name & Phone Number \_\_\_\_\_

Please read the following and indicate "yes" or "no" for the person receiving the vaccine today:

1. Have you ever had a severe reaction to a flu vaccine? Yes No
2. Have you had a severe allergic reaction (ie anaphylaxis) to eggs, egg products or neomycin? (If yes, have you had the flu vaccine?) Yes No
3. Have you had fever, diarrhea, vomiting or any other cold symptoms in the last 48 hours? Yes No
4. Do you have a history of Guillian-Barre Syndrome? (Autoimmune condition triggered by a virus or bacteria that causes muscle weakness and/or paralysis) Yes No
5. Are you being treated with chemotherapy or radiation for cancer, have HIV/AIDS or any immunodeficiency disorder or are immunocompromised? Yes No

I have read or have had explained to me, information about the flu vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or to the person named above, for whom I am authorized to make this request. I have been given a copy of the Vaccine Information Statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Flucelvax \_\_\_\_\_ left/right - arm/thigh \_\_\_\_\_

Lot #

Site of Injection

Administered By

# Charges

Each dose of the flu vaccine is \$65.00

We will bill your insurance as a courtesy, if your insurance does not cover the charge, you will be responsible for payment, we will send you a bill.

# Dosing

Children, adolescents and adults, age 9 and older will only require 1 dose regardless of whether they have been previously vaccinated. Children 8yrs and under, if receiving their first flu vaccine, will require 2 doses, at least 30 days apart.

# Side Effects of the flu vaccine

The most common side effects are soreness at the injection site; tenderness, pain and swelling. Slight fever, headache and malaise.

**\*\*\*If you have any adverse or possible allergic reactions, (such as hives, pain, swelling, itching or burning) contact your primary care physician immediately or if severe, call 911\*\*\***

I have read and understand the above information and have had the chance to ask questions that were answered to my satisfaction

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Signature

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Date