We are happy to be able to offer influenza vaccination to the parents of our patients. The cost for this service is $40, payable at the time of the vaccination.

**Please complete the following:**

Name of Individual to be Immunized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please answer the following questions:**  
1. Are you sick or do you have a high fever today? Yes No Unknown   
2. Have you ever had an allergic reaction to a flu shot? Yes No Unknown

3. Has the patient ever had a serious reaction to the influenza vaccine Yes No Unknown

(including Guillain Barre Syndrome within 6 weeks of the vaccine administration)??

**Acknowledgement:**  
1. I am at least 18 years of age. I have read or had explained to me the CDC Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits. I have been given the opportunity to ask questions regarding the influenza vaccine, including the risks and benefits of receiving the influenza vaccine. I understand the benefits and risks of the influenza vaccine and request that it be given to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Recipient of the Vaccination Date

Payment Cash Check Venmo

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Route/**  **Location** | **Date Dose Administered** | **Vaccine Manufacturer** | **Lot Number** | **Name and Title of Vaccine Administrator** |
| Influenza | ⁭ IM | / / |  |  |  |