Flu Vaccine Consent Form 2022- Staff

|  |  |
| --- | --- |
| Patient’s Name  |  |
| Patient’s DOB  |  |
| Mailing Address |  |
| City, State, Zip Code |  |
| Phone Number  |  |

|  |  |
| --- | --- |
| Insurance Name  |  |
| Insurance ID # |  |
| Insurance Group  |  |
| Insurance Address |  |
| Subscriber Name  |  |
| Subscriber DOB  |  |

|  |  |  |
| --- | --- | --- |
| The following 4 questions will help us to know if you can get the influenza vaccine:  | Yes | No  |
| 1. Do you have a serious allergy to eggs
 |  |  |
| 1. Do you have any other serious allergies? Please List:
 |  |  |
| 1. Have you ever had a serious reaction to a previous dose of flu vaccine?
 |  |  |
| 1. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?
 |  |  |

**Consent for Vaccination:**

I have read or had explained to me the 2022 Vaccine Information Statement for the season influenza vaccine and understand the risks and benefits.

I give consent to Upper Valley Pediatrics staff or school nurse to give me the influenza vaccine. (If this form is not signed, you will not be vaccinated.)

Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vaccine | Vaccine Manufacturer | Date Administered | Route  | Lot Number | Name of Vaccine Administrator  |
| Influenza Shot | Sanofi Pasteur | 10/13/22 | Left Right |  | Dr Rebecca YukicaMelissa Links, LPNEllen Gnaendinger,DNP/APRN |