

Flu Vaccine Consent Form 2023-Pediatrics Thetford Academy Students

Patient's Name			
Patient's DOB			
(Circle One)	Male	Female	
Mailing Address			
City, State, Zip Code			
Phone Number			
Parent/Guardian Name:			
Insurance Name			
Insurance ID #			
Insurance Group			
Insurance Address			
Subscriber Name			
Subscriber DOB			

The state of Vermont provides the Flu Vaccine for our flu clinics. They require the following information for vaccine eligibility, (MUST CHECK ONE). Insurance billing for admin of the vaccine by Upper Valley Pediatrics.

	Yes	No
An American Indian or Alaskan Native?	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled in Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
Insured (Other than Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>
No Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Underinsured (has health insurance, but the coverage does not include vaccines)?	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any other serious allergies? Please List:	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

Consent for Vaccination:

I have read or had explained to me the current 2021 (VIS) 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 the influenza vaccine. (If this form is not signed, you will not be vaccinated.)

Signature of Parent/Legal Guardian _____ Date: _____ Relationship _____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Vaccine Manufacturer	Date Administered	Lot Number Exp Date	Route	Name of Administrator
Influenza Shot	GSK	10/19/2023	4XY5D Exp 6/30/24	Left Right	Dr Rebecca Yukica, DO Nurse;