Staff Use Only

Patient ID # ______________________ Lot# ____________________ Expiration __6/30/2021_______

☐ Fluzone Site: ☐ L Arm ☐ R Arm

☐ Nasal

Administered by: ________________________________ Date: _____________________

Bethesda Pediatrics

Pediatric Influenza Immunization Consent

Patient Name: ___________________________________

Patient Date of Birth: _____/_____/_____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Is patient younger than 6 months or older than 49 years of age? Yes / No

Has the patient ever had a reaction to any vaccine? Yes / No

If yes, which vaccine and describe the reaction?

Vaccine: _______________ Reaction: _______________

Has the patient ever been diagnosed with Guillain-Barre Syndrome? Yes / No

Does the patient have any long-term health problems affecting your immune system? (like diabetes) Yes / No

For Women, are you pregnant/ nursing? Yes / No

Is your child / adolescent 2 through 17 years of age receiving aspirin or aspirin-containing products? Yes / No

Has the child 2 through 5 years old had asthma or a history of wheezing in the past 12 months? Yes / No

Has the patient ever received a flu vaccine? Yes / No

Do you have a severe allergy to eggs? Yes / No

Does the patient have a fever today?Loss of smell/taste? Shortness of breath? Chills? Cough? Headache? Muscle Aches? Nausea? Diarrhea? Vomiting? Yes / No

Have you, your child, or any close contact been diagnosed or directly exposed to COVID in the last two weeks? Yes / No

Have you traveled to a high risk state in the last two weeks? Yes / No

I have read the Influenza Vaccine Information Statement dated 08/07/2015. I have had a chance to ask questions and I understand the benefits and risks of the vaccine. I request that the vaccination be given to the person for whom I am authorized to make this request. I authorize the release of any medical or other information necessary to process the insurance claim or for other public health purpose.

Parent/Guardian Signature: ____________________________________ **Date:** __________

Print Parent/Guardian Name: _____________________________________