

2022-2023 INFLUENZA VACCINE CONSENT FORM



Name: _____ Age: _____ DOB: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email Address: _____

FOR A CHILD THIS FORM MUST BE FILLED OUT BY A PARENT OR LEGAL GUARDIAN

Please read the Vaccination Information Sheet and answer the following questions. It is our policy that you wait 15 minutes after the administration of the vaccine, due to the possibility of an allergic reaction. The Influenza vaccine produces immunity in approximately two weeks. It does not protect you from the common cold, bronchitis or Coronavirus.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is this the first flu vaccine you have ever received? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever had an ANY type of allergic reaction to the Influenza vaccine, Chicken eggs or feathers, neomycin, polymyxin, thimerosal, or been diagnosed with Guillain-Barre disease? (If so, we cannot give you the flu shot in this clinic.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you been sick or running a fever in the past 48 hours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you take prescription blood thinners every day? (this does not mean Aspirin) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you allergic to latex? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Did you read and understand the Vaccination Information Statement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are you 9 years or older? (You must be at least 9 to receive a flu shot today.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are you pregnant or intend to become pregnant within 3-6 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you have any questions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

After the flu shot is given, I agree to wait 15 minutes at this clinic location for my safety.

Patient Signature _____ Date _____

I am the parent/legal guardian of _____ and consent for this child to receive the flu vaccine.

Print parent/legal guardian's name _____

Parent/Guardian Signature _____

STOP AT THE RED LINE

PAYMENT ☐ No Cost

Employee _____

Employee ID number _____

Volunteer/Intern/Student (circle one)

Vender/Contractor-Place of work and contact phone _____

Received sticker for badge _____

FOR NURSES

Name of Vaccine: _____ Lot #: _____ Exp. Date: _____

☐ I have reviewed the patient questionnaire and will refer to 2022 – 2023 Palomar Health Influenza Vaccination Protocols.

Immunized with 2022-2023 Influenza vaccine 0.5mL IM (intramuscular) **Circle one: Right Deltoid / Left Deltoid**

Clinic Location: _____ Date: _____

Signature of Nurse: _____

Signature on file for Teja Singh M.D., Physician for Palomar Health Community Influenza Vaccination Clinics

Protocols reviewed and approved 9/1/22