



2016-2017 Flu Vaccination Consent Form

(Please fill out one information sheet per child)

Patient's Name: _____

Date of Birth: _____

Has this child ever been seen by one of our Providers before?

If not, please schedule a well child check with one of our providers within two weeks of receiving flu vaccine.

Yes No

Has the patient ever had the seasonal flu vaccine before?

If not and less than 9 years old, it is recommended to get 2 doses of the flu vaccine this year at least 4 weeks apart.

Yes No

Has the patient had a fever within the last 24 hours?

If yes, we recommend rescheduling the vaccine to a different date.

Yes No

Is the patient severely allergic to eggs?

Yes No

Gelatin?

If yes, we do NOT recommend getting the flu vaccine.

Yes No

When they eat products that contain egg such as cakes/breads, do they have a reaction?

If yes, we recommend seeing an allergist to receive the flu vaccine.

Yes No

By my signature below, I acknowledge receipt of the 2016-2017 Influenza Vaccine fact sheet. I understand the benefits and the risks of the vaccine and I am authorizing a qualified member of the Cornerstone Pediatric & Adolescent Medicine staff to administer the Influenza vaccine according to the guidelines set by the Centers for Disease Control and Prevention. *I further understand that FluMist given to a child with history of wheezing could result in increased wheezing and possible hospitalization.

Parent or Legal Guardian Signature: _____

(If patient is under the age of 18 the signature of a parent or legal guardian must be obtained)

Relationship to Patient: _____

Patient Signature: _____

(If 18 years of age or older)

Date: _____

For Office Use Only

Private Insurance Medicaid No Insurance

Private Vaccine Given State Vaccine Given ****Always use state funded vaccine for patients with Medicaid or no insurance****

90685 - Injectable Vaccine < 36 Months - Thimerosal Free	90471 - Administration of 1 Injection
90686 - Injectable Vaccine > 36 Months - Thimerosal Free	

Nurse Signature: _____

Manufacturer Lot #: _____

Exp: _____

Site: _____