CORNERSTONE PEDIATRIC & ADOLESCENT MEDICINE

2022-2023 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? ☐ **Yes** ☐ **No**
If not, please schedule a well child check with one of our providers within two weeks of receiving flu vaccine.

Has the patient ever had the seasonal flu vaccine before? ☐ **Yes** ☐ **No**
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.

Has the patient had a fever within the last 24 hours? ☐ **Yes** ☐ **No**
If yes, we recommend rescheduling the vaccine to a different date.

Is the patient severely allergic to eggs? ☐ **Yes** ☐ **No**
Gelatin? ☐ **Yes** ☐ **No**
If yes, please call the office 919.460.0993 and speak with a Triage nurse to discuss your options.

Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? ☐ **Yes** ☐ **No**

By my signature below, I acknowledge access to the 2022-2023 Influenza Vaccine fact sheet QR Code (presented to the right). 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.

Parent / Legal Guardian / Patient Signature: _____ **Date:** _____
(If 18 years of age or older)

Relationship to Patient: _____
(If patient is under the age of 18 the signature of a parent or legal guardian must be obtained)

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 – Fluarix = 6 months of age and older		90471 – Administration of 1 Injection
	90686 – Fluzone=6 months of age and older		

Nurse Signature: _____ Manufacturer Lot #: _____ Exp: _____ Site: _____