



2023 - 2024 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?
Gelatin?**

If yes, please call the office 919.460.0993 and speak with a Triage nurse to discuss your options.

Yes No

Yes No

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 2023-2024 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.



*****Points for Clarification*****

- Our flu vaccines are pre-filled single dose syringes.
- Our flu vaccines do not contain Thimerosal **and** are preservative free.
- The flu vaccine does contain egg.
 - If your child has a mild allergy to egg **and** this is their first time receiving the flu vaccine, they are required to wait in the parking lot for 12-13 minutes.
 - If your child has a mild allergy to egg **and** they have successfully received a flu shot in the past, they do not have to park for 12-13 minutes.

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: LA RA LT RT