Influenza Vaccine Consent

I have read or have had explained to me the information in the Influenza Vaccine Information Sheet about the vaccine (to be provided at time of vaccination or online at www.AspenFamilyCare.com). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and ask that the vaccine is given to me or the person named below for whom I am authorized to make this request.

Last Name	**First Name**	**Date of Birth**	**Age**
Address			
City	**State**	**Zip**	**Phone**

PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Are you allergic to eggs?	❒ Yes	❒ No
Have you had a flu vaccination before?	❒ Yes	❒ No
Do you have a history of Guillian Barre'?	❒ Yes	❒ No
Do you currently have a fever or respiratory illness?	❒ Yes	❒ No
PLEASE ANSWER IF YOU WANT THE FLU SHOT:		
Are you allergic to the preservative thimerisol found in the flu vaccine?	❒ Yes	❒ No
Are you currently taking Coumadin/Warfarin?	❒ Yes	❒ No
Do you have any sensitivity to latex?	❒ Yes	❒ No
PLEASE ANSWER IF YOU WANT THE FLU MIST® (INTRANASAL):		
Are you pregnant?	❒ Yes	❒ No
Are you planning on receiving another vaccine within the next month?	❒ Yes	❒ No
Do you have:___asthma?____diabetes?___heart disease?___other chronic diseases/illness?	❒ Yes	❒ No
Are you, or someone you will have contact with, severely immunocompromised? (hospital isolation)	❒ Yes	❒ No

Signature:_____Date_____

For office use only:

Vaccine	Date	Site	Dose	Mfg/lot	Vis date /given	Health Care Provider/Title
❒ Influenza		Right / Left Deltoid / Thigh	.25cc .5cc		8/19/14 /	
❒ FluMist®		Intranasal	.2cc		8/19/14/	

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