

Influenza Immunization Consent Form 2020-2021



Patient Name:		Gender:
Address:		
Telephone:		
Date of Birth:	Age:	Social Security Number:

Insurance Information:	
Primary Insurance:	
Subscriber Name:	
Subscriber ID:	Group Number:

By signing below, I have read the above relating to my personal and insurance information and am stating that all information is correct.

Have you ever had:		Nurse Comments
Life threatening reaction to a flu shot	<input type="checkbox"/> Y <input type="checkbox"/> N	
Guillain-Barre Syndrome	<input type="checkbox"/> Y <input type="checkbox"/> N	
Severe allergy to eggs	<input type="checkbox"/> Y <input type="checkbox"/> N	
Are you currently ill with a fever?	<input type="checkbox"/> Y <input type="checkbox"/> N	

I have read/had explained to me the information about influenza and influenza vaccine (VIS 08/15/2019). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be give to me or to the person named above for whom I am authorized to make this request. I agree that BGIMP shall not have any responsibility or liability if I contract Influenza, or other respiratory diseases, or suffer any other adverse reaction following the administration of the flu shot. I agree that I was advised to wait on the premises for 15 minutes after receiving the vaccine if I was the driver of a vehicle at time of administration.

Signature: _____ Date: _____

CLINIC USE ONLY				
MFG:	LOT TYPE	GSK		Date Given
LOT #:	PURCHASED	LP9HK	Exp. 06/2021	
LOT #:	VFC	9S4K5	Exp. 06/2021	
		Injection Site: <input checked="" type="checkbox"/> IM	<input type="checkbox"/> Right <input type="checkbox"/> Deltoid	
			<input type="checkbox"/> Left <input type="checkbox"/> Thigh	

- Byard, Kyla APRN
- Cope, Emily APRN
- Parrigin, Ashley APRN
- Tarter, Jenna APRN

- Atwell, Beth RN
- Camp, Kara RN
- Cole, Stacey LPN
- Elvis, Linsee RMA
- Griffiths, Jamie RN
- Houchin, Jennifer RN

- Kirby, Caitlin LPN
- Leonard, Christian RN
- Lowe, Kris RN
- Rodriguez, Cindy RN
- Sanders, Chasity RMA
- VanFleet, Brooklyn
- Williams, Melanie RMA