

2015-16 Influenza Vaccine Consent Form (Pregnancy)

Little Silver Pediatrics & Family Medicine is committed to healthy families and communities. We are pleased to offer *preservative-free* flu vaccine to protect pregnant moms and their babies. To keep our community safe from flu, we urge all families to consider getting the Influenza vaccine this season. We accommodate children and parents during the same visit. **Vaccination is by appointment only. To schedule an appointment, please call (732) Health1 or (732) 741-5600**

American College of Obstetricians and Gynecologists *advises* all pregnant women to get the Flu Vaccine <http://www.acog.org/About-ACOG/News-Room/News-Releases/2014/All-Pregnant-Women-Should-Get-Flu-Vaccine-Says-ACOG>. The Centers for Disease Control and Prevention (CDC) recommendations for the Flu season are posted at <http://www.cdc.gov/flu/protect/vaccine/index.htm>.

Before Your Visit: Please **print this form and bring a completed copy for your visit to our office.** Pregnant women should discuss any questions regarding this vaccine with their Obstetrician before the visit. Please review the **Vaccine Information Sheet (VIS)** published by the Centers of Disease Control at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>. A copy will also be provided for you to review at our office and before the vaccine is administered.

Please complete the consent form. You must bring a completed and signed form to receive the Flu Vaccine.

Section I: Screening for Vaccine Eligibility

Name: _____ Date of Birth _____

Pregnant: No Yes If yes, expected date of delivery _____ Obstetrician _____

Address: _____ City _____ State **NJ** Zip _____

Tel: _____ e-mail: _____

The following questions will help guide us about whether you can receive the 2011-2012 influenza vaccine. Please mark YES or NO for each question. If you answer "NO" to all the 7 questions, you can probably get the influenza vaccine. If you answer "YES" to one or more of the 7 questions, you should discuss your options with your primary physician. If pregnant, please discuss your options with your obstetrician.

1. Have you had fever or been sick during the last seven days? No Yes _____
2. Do you have a serious allergy to eggs? No Yes _____
3. Do you have any allergies to the following:(check) No Yes (gelatin polymixin gentamycin neomycin)
4. Do you have any other serious allergies? No Yes _____
5. Have you had a serious reaction to a previous dose of the flu vaccine No Yes _____
6. Have you had Guillain-Barre' Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? No Yes _____
7. If Pregnant, have you experienced any problems with your pregnancy No Yes. If yes, please describe below:

Section III: Consent & Permission To Release Information

I have read the 2015 Vaccine Information Statement published by the US Centers for Disease Control and Prevention for the Influenza vaccine, had my questions answered, and understand the risk and benefits. I give consent to Little Silver Medicine (administrator) and its staff to be vaccinated with the Influenza vaccine (inactivated, preservative-free). I have read the notice for consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations and give consent for release of data from the vaccination record for reporting to the CDC, administrative purposes, and, for community health improvement.

Signature _____

Date: Month / Day / Year _____

| Vaccine | Admin Date | VIS-Flu | Route | Manufacturer | Lot Nu. | Administrator |
|-----------|------------|----------|-------|--------------|---------|--|
| Influenza | | 8/7/2015 | IM | Sanofi | | <input type="checkbox"/> D Mehra,MD <input type="checkbox"/> N Mehra,MD <input type="checkbox"/> |