

2015-16 Influenza Vaccine Consent Form (Adults)

Little Silver Pediatrics & Family Medicine is committed to healthy families and communities. We are pleased to offer *preservative-free* flu vaccine to protect our pediatric and adult patients. 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**

The **Centers for Disease Control and Prevention (CDC)** recommendations for the 2015-2016 flu season are posted at <http://www.cdc.gov/flu/protect/vaccine/index.htm>.

Before Your Visit: Please complete this form and bring it along for your visit. 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: Information about the Person Receiving the Vaccine

Name: _____ Date of Birth _____

Address: _____ City _____ State NJ Zip _____ Tel: _____

If pregnant, your expected date of delivery _____ Your Obstetrician _____

Section II: Screening for Vaccine Eligibility:

The following questions will help guide us about whether you can receive the 2011-12 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? Yes No
2. Do you have a serious allergy to eggs? Yes No
3. Do you have any serious allergies to the following:(check) gelatin polymixin gentamycin neomycin
4. Do you have any other serious allergies? Please list below:

5. Have you had a serious reaction to a previous dose of the flu vaccine Yes No
6. Have you had Guillain-Barre' Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? Yes No
7. If Pregnant, have you experienced any problems with your pregnancy Yes No. 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"/>