

2015-16 Influenza Vaccine Consent Form (Pediatrics)

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 flu season are posted at <http://www.cdc.gov/flu/protect/vaccine/index.htm>. American Academy of Pediatrics and CDC are recommending flu vaccine for everyone over six months of age with no contraindications.

Before Your Visit: Please complete and bring along this form for your visit to our office. 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.

Section 1: Information about Child to Receive Vaccine (please print)

CHILD'S NAME (Last)		(First)	(M.I.)	CHILD'S DATE OF BIRTH	
				month	day
				year	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	CHILD'S AGE	CHILD'S GENDER
					M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2015 influenza vaccine, please tell us the number of doses and dates of vaccination.

- Dose 1 Date received: month ___ day ___ year _____ Form (please circle): nasal spray shot
- Dose 2 Date received: month ___ day ___ year _____ Form (please circle): nasal spray shot

The following questions will help us know if your child can get the Influenza vaccine. Please mark YES or NO for each question. If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may NOT be able to get the Influenza vaccine. You should contact your child's pediatrician to discuss your options.

	NO	YES
1. Has your child had fever or been sick during the last seven days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have serious allergies to the following:(check) <input type="checkbox"/> gelatin <input type="checkbox"/> polymixin <input type="checkbox"/> gentamycin <input type="checkbox"/> neomycin		
4. Does your child have any other serious allergies that you know of? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: 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 **for my child** named at the top of this form **to get vaccinated with the Influenza vaccine**. 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 of Parent/Legal Guardian

Date: Month / Day / Year

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