

Influenza Vaccine Consent Form

Name: _____

Date of Birth: _____ Phone: _____

- Do you have allergies to chicken or chicken products? Yes No
- Do you have allergies to eggs? Yes No
- Are you currently taking antibiotics? Yes No
- Do you have allergies to latex (band-aids)? Yes No
- Are you over 18 years of age? Yes No
- Do you have Guillain-Barre' Syndrome? Yes No
- Do you currently have a temperature of 100.4 or greater? Yes No
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I have read the above information about influenza, the vaccine, and the possible side effects. I have had an opportunity to ask questions regarding recommendations and understand the benefits and risks of flu vaccination as described. VIS – Inactivated Influenza vaccine 08/07/2015 provided. I request that the vaccination be given to me. By signing below, I am also giving consent for Quick Care to take a picture of my photo ID and insurance card to be used for billing purposes only.

Printed Name: _____

Signature: _____ Date: _____

Insurance Address: _____

Office Use Only:

.5cc Influenza Vaccine Administered Date: 9/27/18 Time: _____ Location: QCF Drive Thru Clinic

By: _____ R L Deltoid Fluzone Quad
Signature Fluzone High Dose