## Staff Use Only

**Patient ID # ____________________** **Lot#** **Exp.**

☐ **Fluzone /Quadrivalent** ☐ **Site:Left arm /thigh** ☐ **Right thigh / arm**

☐ **Nasal**

**Administered by: ______________________________ Date: ____________________**

# Bethesda Pediatrics

## Influenza Immunization Consent

**Patient Name: ________________________________**

**Patient Date of Birth: _____/_____/_____**

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Is the patient younger than 6 months or over the age of 65? Yes/No

Has the patient ever had a reaction to any vaccine? Yes / No

If yes, which vaccine and describe the reaction?

Vaccine: _______________ Reaction: _______________

Has the patient ever been diagnosed with Guillain-Barre Syndrome? Yes / No

Does the patient have any long-term health problems affecting your immune system? (like diabetes) Yes / No

For Women, are you pregnant/ nursing? Yes / No

Is your child / adolescent 2 through 17 years of age receiving aspirin or aspirin-containing products? Yes / No N/A

Has the child 2 through 5 years old had asthma or a history of wheezing in the past 12 months? Yes / No N/A

Has the patient ever received a flu vaccine? Yes / No

Do you have a severe allergy to eggs? Yes / No N/A

Does the patient have a fever today?Loss of smell/taste? Shortness of breath? Chills? Cough? Headache? Muscle Aches? Nausea? Diarrhea? Vomiting?

Yes / No

Have you, your child, or any close contact been diagnosed or directly

1. exposed to COVID in the last two weeks? Yes / No

I have read the Influenza Vaccine Information Statement. I have had a chance to ask questions and I understand the benefits and risks of the vaccine. I request that the vaccination be given to the person for whom I am authorized to make this request. I authorize the release of any medical or other information necessary to process the insurance claim or for other public health purposes.

**Parent/Guardian Signature: ________________________________ Date: ____**

**Print Parent/Guardian Name: ____________________________________**