Pluzone   Quadrivalent	tient ID#	Lot#	Exp.
Bethesda Pediatrics Influenza Immunization Consent  stient Name:			_
Bethesda Pediatrics Influenza Immunization Consent  stient Name:    Influenza Immunization Consent	<del>-</del>	Site:Left arm /thigh	Right thigh / arm
Bethesda Pediatrics Influenza Immunization Consent  attent Name:    attent Date of Birth:	Nasal		
Influenza Immunization Consent  Atient Name:    Atient Date of Birth:	ninistered by:	Date:	
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?  Has the child 2 through 5 years old had asthma or a history of wheezing  in the past 12 months?  Yes / No  Do you have a severe allergy to eggs?  Does the patient ever received a flu vaccine?  Yes / No  Do you have a severe allergy to eggs?  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 vaccir 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.			
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Parent/Cuardian Signature:	request that the vaccination be given to the	person for whom I am authorized to make this request. I authorize	
i ai Cii / Ciuai uiaii Meiiatui C.	Parent/Guardian Signa	ture:	Date: