

CHILDREN'S MEDICAL CENTER

NON-PATIENT CONSENT FOR TREATMENT  
INFLUENZA SHOTS 2020-2021

\_\_\_\_\_  
Last Name: First Name: MI:

\_\_\_\_\_  
Date of Birth: Age: Sex: Male Female

\_\_\_\_\_  
Street: City: State: Zip:

\_\_\_\_\_  
Telephone Number:

**PRECAUTIONS & CONTRAINDICATIONS:**

Please Circle

- |  |     |    |
|--|-----|----|
| 1. Do you have a history of hypersensitivity to chicken eggs or egg protein?                       | Yes | No |
| 2. Do you have any hypersensitivity to any component of the vaccine, including thimerosal?         | Yes | No |
| 3. Do you have a history of Guillain-Barre syndrome?   | Yes | No |
| 4. Do you currently have a fever, respiratory illness or any other type of infection?              | Yes | No |
| 5. Have you ever had a bad reaction to another vaccine:<br>Please list the adverse reaction: _____ | Yes | No |

*If you have answered "YES" to any of the above questions, please consult your personal physician for administration of the flu vaccine.*

*Note: Because pregnancy increases the risk of complications and hospitalization from influenza, women who will be pregnant during influenza season should receive influenza vaccination during the autumn months.*

*I have read/had explained to me the information about influenza as well as information regarding the influenza vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I agree that Children's Medical Center shall have no responsibility or liability if I contract influenza, pneumonia, other respiratory diseases, or suffer any other adverse reaction following administration of the flu shot. I have read the Vaccine Information Sheet for influenza vaccine.*

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Fluzone – Sanofi Pasteur – Circle Lot# Below

Lot# UJ475AB

Exp. 06/30/2021

Allergy: \_\_\_\_\_ Nurse/MA: \_\_\_\_\_

Site: L R