

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:                                    | Yes | No  |    |  |
- Please list the adverse reaction: \_\_\_\_\_

**Allergy:** \_\_\_\_\_

*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: \_\_\_\_\_

**Check the Box Below for Lot # used.**

Fluzone Sanofi Pasteur – Lot # UJ475AB – Exp. 06/30/2021

Fluzone Sanofi Pasteur - Lot # UJ476AA – Exp. 6/30/2021

Flucelvax Seqirus USA – Lot # 283848 – Exp. 06/30/2021

Nurse/MA: \_\_\_\_\_ Site: L R