

Date: _____

Patients date of birth: _____

Patients name: _____

Last Name

First name

Is the patient at least 6 months of age? _____

Is the patient currently ill or had a fever within the last 48 hours? _____

Has the patient had any adverse reactions to vaccines? _____

Has the patient had Guillain-Syndrome? _____

Is the patient allergic to eggs? _____

"I have read or have had explained to me information about the indicated vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask the indicated vaccine be given to me or the named person whom I am authorized to make the request."

Office use only: Patients temperature: _____

Vaccine lot/exp

Site given:

Signature of vaccine admin:

Signature of **Parent**/Patient:

LA RA

LL RL

SEASONAL INFLUENZA VACCINE 2023/2024 – INJECTABLE – 0.5ml