

104 North Belair Road, Suite 101 Evans, GA 30809 706-922-3669

Flu Vaccine Consent Form

Last Name: _____ First Name: _____

Address	S:							
City/State Zip code:								
Date of Birth: Male					Female —			
Social Security#Phone#								
Please answer the following questions:					NO	Unknown		
	Are you sick or do you have a high fever today? (If yes, you should not receive vaccine)							
2. Have	you been sick in the past tv							
3. Are you allergic to chicken, eggs, or egg products?								
4. Have you ever had an allergic reaction to a flu shot?								
5. Are you pregnant, or think you may be?								
Do you have a blood clotting disorder or currently taking blood thinning medication?								
7. Have you ever been diagnosed with Guillain-Barre Syndrome?								
	CONSE	ENT AND RELE	ASE STAT	TEMENT				
VACCIN THE PRO AND BE BEEN AT	E VOLUNTARILY AND CONSIDVIDED INFORMATION OR HANEITS OF THIS VACCINE. I FORWERED TO MY SATISFACT	ENT TO THE VAC AVE HAD SUCH F IAVE HAD AN OF ION. I HEREBY R	CCINATION EXPLAINED PORTUNIT LEQUEST TI	BEING GI TO ME. I Y TO ASK HAT THE V	VEN TO ME. UNDERSTAN QUESTIONS VACCINE BE	I HAVE READ ID THE RISKS WHICH HAVE GIVEN TO ME		
SIGNATURE DA						DATE		
	u sick or do you have a high fever today? you should not receive vaccine) you been sick in the past two weeks? bu allergic to chicken, eggs, or egg products? you ever had an allergic reaction to a flu shot? bu pregnant, or think you may be? u have a blood clotting disorder or currently taking thinning medication? you ever been diagnosed with Guillain-Barre ome? CONSENT AND RELEASE STATEMENT ADDERSIGNED, WISH TO RECEIVE A VACCINATION AGAINST INFLUENZA. I AM TAKING THIS EVOLUNTARILY AND CONSENT TO THE VACCINATION BEING GIVEN TO ME. I HAVE READ VIDED INFORMATION OR HAVE HAD SUCH EXPLAINED TO ME. I UNDERSTAND THE RISKS IEFITS OF THIS VACCINE. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS WHICH HAVE SWERED TO MY SATISFACTION. I HEREBY REQUEST THAT THE VACCINE BE GIVEN TO ME HE PERSON NAMED ABOVE FOR WHOM I AM AUTHORIZED TO MAKE THIS REQUEST.							
DATE	MANUFACTURER/LOT#		SITE (circ	/	ROUTE	GIVEN BY:		
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