

FLU VACCINE Adult Consent Form

Name of person to receive vaccine: _____

Age _____ Is this a Parkside Patient? _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you allergic to eggs?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a fever of 100.4 or greater within the last 24 hours?

If you answered YES to any of the above questions, you are not eligible at this time to receive the Flu vaccine.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 50 years old or older?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of wheezing in the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received the MMR/Varicella in the past month?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a chronic medical condition? (<i>diabetes, kidney/lung disease, heart condition</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?

If you answered YES to any of the above questions, you will receive the flu vaccine as an injection.

I give full consent to Parkside Pediatrics staff to give my child or myself (if over 18) the seasonal flu vaccine and I do not have any of the symptoms listed above that would prohibit me from receiving the vaccine based on the guidelines provided by the CDC. By signing this form, I release Parkside Pediatrics and staff involved of all liability both financially and physically as it relates to the seasonal flu vaccine given to me or my child. I understand that there is a \$30 fee for the vaccine administration that is due at the time of services rendered. Parkside Pediatrics will not file or provide information in order to file medical insurance. I also understand that it is my sole responsibility to notify my doctor that the flu vaccine was received today.

Signature of legal guardian or self (if over 18) *Relation to patient* **Date**

What to have at the vaccine clinic:

- A completed **SIGNED** consent form (this sheet) one per person is required
- \$30 per child/person receiving the vaccine
- Patience and a smile! 😊

PRINT a copy of this form as a receipt of payment. NO receipts will be given at the clinic.

Please understand we are doing everything possible to make this clinic as efficient and organized as possible. We appreciate your patience and understanding in advance. 😊