

Influenza Vaccine Consent

Patient Name _____	Patient Name _____	Women's and Children's Physicians of Naples 1217 Piper Blvd Ste 202 Naples, FL 34110
Birthdate _____	Birthdate _____	
Patient ID _____	Patient ID _____	
Patient Name _____	Patient Name _____	
Birthdate _____	Birthdate _____	
Patient ID _____	Patient ID _____	
Patient Name _____	Patient Name _____	
Birthdate _____	Birthdate _____	
Patient ID _____	Patient ID _____	

Insurance Verification

Insurance Company	Policy Holder	Policy/Member ID	Group Number

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccine

For patients (both children and adults) to be vaccinated, the following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question it does not necessarily mean you (or your child) should not be vaccinated; however, in the note section please state the patient's name. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know	Note
1. Is the person to be vaccinated sick today?				
2. Does the person to be vaccinated have an allergy to a component of the vaccine (eggs)?				
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?				
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?				
5. Has the person to be vaccinated received any vaccinations in the past four weeks?				

Vaccine Signature Record

Vaccine	Date	Vaccine Administrator Signature	Patient/Parent/Guardian Signature
Influenza			