MEDNOW

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

Flu Vaccine Consent Form

Last Name: _____ First Name: _____

Address: _____

City/State _____ Zip code: _____

Date of Birth: _____ Male ☐ Female ☐

Social Security#_____ Phone#_____

Please answer the following questions:

	YES	NO	Unknown
1.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 two weeks?			
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?			
6. Do you have a blood clotting disorder or currently taking blood thinning medication?			
7. Have you ever been diagnosed with Guillain-Barre Syndrome?			

CONSENT AND RELEASE STATEMENT

I, THE UNDERSIGNED, WISH TO RECEIVE A VACCINATION AGAINST INFLUENZA. I AM TAKING THIS VACCINE VOLUNTARILY AND CONSENT TO THE VACCINATION BEING GIVEN TO ME. I HAVE READ THE PROVIDED INFORMATION OR HAVE HAD SUCH EXPLAINED TO ME. I UNDERSTAND THE RISKS AND BENEFITS OF THIS VACCINE. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS WHICH HAVE BEEN ANSWERED TO MY SATISFACTION. I HEREBY REQUEST THAT THE VACCINE BE GIVEN TO ME OR TO THE PERSON NAMED ABOVE FOR WHOM I AM AUTHORIZED TO MAKE THIS REQUEST.

_____ _____

SIGNATURE DATE

FOR OFFICE USE ONLY

DATE	MANUFACTURER/LOT#	EXP. DATE	SITE (circle) RD RT LD LT	ROUTE	GIVEN BY:
