

Family Health Care Associates General Flu Vaccine Form

Please read and fill out the Flu Vaccine Consent Form

Today's date: _____

Name: (please print): _____ DOB: _____

Influenza vaccine is the primary method of preventing influenza and its severe complications.

If you have experienced a severe allergy to eggs you should not receive the flu vaccine. If you have experienced a mild allergic reaction to eggs you may be able to receive the flu vaccine.

If you have a fever greater than 101.5 in the past 24 hours you should not receive the flu vaccine.

SIDE EFFECTS: Soreness around the injection site that can last up to 2 days.

Fever, malaise (vague feeling of discomfort), myalgia (body aches or muscle pain) which can start 6-12 hours after the injection and can last up to days.

I have read the flu information sheet and consent to receive the flu vaccine.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Dose ___ 0.5ml ___ 0.25ml Lot # _____ Exp: _____

Site _____ Lt deltoid ___ Rt deltoid ___ RAT ___ LAT ___ RLT ___ LLT

Administered by: _____

Charted by: _____