

Annual Influenza Vaccine Consent Form-2023/2024

****FOR PATIENTS WHO DO NOT HAVE A SCHEDULED APPOINTMENT****

Section 1: Patient Information (please print and complete every section)

Patient Name (Last)		(First)	(M.I.)	Patient DOB:	
Parent/Guardian Name (Last)		(First)	(M.I.)	Patient Age:	Pinon PCP:
Address			Patient/Guardian phone #		
City	CO	Zip			
Name of medical insurance to be billed: <i>(must be completed even if we have your info on file)</i>			Did you leave a copy for our file? Y / N		

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if you can get the seasonal influenza vaccine. Answering “yes” does not prevent you from being vaccinated, it means additional questions will be asked. **Please mark YES or NO for each question.**

		YES	NO
1. Is patient currently ill or have a fever?			
2. Has patient received influenza (flu) vaccine before?			
3. Has patient ever had a serious reaction to a previous dose of flu vaccine?			
4. Has patient ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?			

Section 3: Consent

CONSENT FOR VACCINATION:

By signing below, I consent to Pinon Family Practice administering the current vaccinations to me/my dependent. In addition, I read or have had explained to me and understand the Vaccine Information Statement(s) for the vaccine(s) that PFP is administering today. I have read and understand PFP Financial Policy and agree to all terms within. I understand that PFP will bill my insurance and I accept full financial responsibility if not paid/covered by my insurance.

Signature of Patient/Legal Guardian Date:

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Site (RT/LT) (Arm/Thigh)	Temp	Lot Number / Exp Manufacturer – Sanofi	Name and Title of Vaccine Administrator – pertinent positives verified.
FLUZONE 6 mo – 64 YEARS (multi-dose vial) .5 ml	IM	/ /			LOT: U8049AA EXP: 6/2024	
HIGH DOSE FLUZONE 65+ only (prefilled syringe) .5 ml	IM	/ /			LOT: U8138CA EXP: 06/2024	
FLUZONE Pres-Free 6mo-64 years (single dose syringe) .5 ml	IM	/ /			LOT: UT8040KA EXP: 6/2024	