



Parent's name: \_\_\_\_\_ (please print) Child's Name \_\_\_\_\_ (please print) DOB \_\_\_\_\_

**Flu Vaccine:**

Before receiving any flu vaccine, please answer the following questions with **YES** or **NO**:

\_\_\_\_\_ Are you between 2 and 49 years old?

\_\_\_\_\_ Are you pregnant?

\_\_\_\_\_ Are you nursing?

\_\_\_\_\_ Do you have asthma or any other respiratory problems?

\_\_\_\_\_ Are you taking steroids, including intranasal?

\_\_\_\_\_ Are you allergic to chicken eggs?

\_\_\_\_\_ Have you, or your child, had an allergic reaction to any previous vaccination with the Flu shot?

If yes, Please explain \_\_\_\_\_

\_\_\_\_\_ Are there any medical problems you, your child, or household members and close contacts have now or have had in the past (including immune status)?

If yes, Please explain \_\_\_\_\_

This information will help you and your doctor or healthcare professional decide if the expected benefits of the Flu vaccine are greater than the possible risks.

To help ensure protection from the flu, you may get vaccinated as soon as it is available, before the flu season starts; in the U.S., the flu season usually peaks between December and March each year.

**What are the side effects of the Flu Shot?**

- Soreness, redness, or swelling where the shot was given
- Low grade fever
- Aches

**Please read:**

Our pediatricians are here to care for your children. We are aware there may be special situations when a parent requests a service from us rather than going to their own primary care physician. In this case, the parent will need to pay for that service in full. Please be aware we will not file a parent's claim to an insurance company, as it may not be reimbursable with our provider number. By signing this you agree to be responsible for payment of all services rendered on your behalf.

You are also acknowledging that you have read and understand the above information regarding the flu vaccine.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Child's Name-please print)

\_\_\_\_\_  
(DOB)

Service Requested: Flu shot  
Price: \$25.00