



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

1. Is the person to be vaccinated sick today?	No	Yes	Don't Know
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	No	Yes	Don't Know
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	No	Yes	Don't Know
4. Has the person to be vaccinated ever had Gullain-Barre syndrome?	No	Yes	Don't Know

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