

Adult Flu Record & Consent Form

Fill in Information About Person to Receive Vaccine (Please Print)

_____ Last Name	_____ First Name	_____ Middle Name
Parent or caregiver of a UPMC CCP patient		
_____ Relationship		
_____ Home Mailing Address		
_____ City	_____ State	_____ Zip
_____ Date of Birth (mm/dd/yyyy)	_____ Phone Number	_____ Email Address
Did you ever have a reaction to a previous dose of flu vaccine?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an allergy to a component of the vaccine?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an allergic reaction to latex?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a history of Gullian-Barre Syndrome (a severe paralytic illness)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>I hereby certify that the foregoing information is true and complete to the best of my knowledge. I further hereby acknowledge having been given the “Vaccine Information Statement (VIS): Inactivated Influenza Vaccine: WHAT YOU NEED TO KNOW” and have had an opportunity to read the information contained on the form. I have had a full opportunity to ask questions, and my questions have been answered. Understanding the benefits and risks involved, I consent to have the vaccine given to me. BY DOING SO, I HEREBY VOLUNTARILY RELEASE AND FOREVER DISCHARGE, FOR MYSELF AND MY HEIRS, EXECUTORS, AND/OR ADMINISTRATORS, CHILDREN'S COMMUNITY PEDIATRICS AND UPMC FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION, WHICH MAY RESULT FROM RECEIVING THIS VACCINATION.</p>		
_____ Signature		_____ Date
For Clinic Use Only :	Are you well today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Signature of Vaccine Administrator	Vaccination Date: _____ VIS Publication Date: <u>8/15/2019</u> Injection Site: _____ Dosage Volume: <u>0.5mL</u> Route: <u>IM</u> Expiration Date: _____	
Signature Date: _____	Manufacturer: <u>GSK</u> Lot Number: _____	

This form must be signed and presented at the time of vaccination.

Please consult your primary medical provider if you any questions, concerns, or reactions after receiving a flu vaccine.