

# Influenza Vaccination Consent Form

## 2016 - 2017

*Crossover Health Medical Group*

### Flu Questionnaire

- |  |     |    |
|--|-----|----|
| 1. Are you allergic to eggs or egg products?   | Yes | No |
| 2. Are you allergic to thimerosal (a preservative; found<br>certain vaccinations, eye contact lens solution, etc?) | Yes | No |
| 3. Have you ever had an allergic reaction to the flu vaccine or other vaccine?                                     | Yes | No |
| 4. Is there a chance you are pregnant?   | Yes | No |
| 5. Are you currently sick (does not include minor illnesses)?  | Yes | No |
| 6. Do you have a history of Guillain-Barre Syndrome?   | Yes | No |
| 7. Are you allergic to latex?  | Yes | No |

I have read, or had explained to me, the Vaccine Information Statement about influenza vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the influenza vaccination be given to me. I authorize the release of information obtained by this consent for Crossover Health treatment, payment, operations or for other public health purpose.

**Patient Name** \_\_\_\_\_ **ID** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Insurance** \_\_\_\_\_

FOR OFFICE USE:			
Lot#		Injection Site	
Exp		Date	
Manufacturer		Provider	