WILLOWS PEDIATRIC INJECTABLE FLU SHOT ADMINISTRATION SHEET (2023-2024)

Patient Name:		DOB:	Age Today:
(One sheet per child) First Has your child ever had a flu shot?	YES / NO		(year and mth)
Guarantor Name:(Adult's name who holds the insurance cover Primary Provider in Office:	erage)		
			nild in for the flu vaccine, v a parent is required.***
Following are reasons why you can	NOT receive the	Injectable Flu V	vaccine at this time:*
**************************************	to eggs (more than to previous dose of fever illness, active Guillain-Barre Synds – reschedule for ids, but protection in vaccine during regular accine during regular ow to be signed at the work ow to be signed at the own that you have reports listed for NOT injectable flu vaccine.	n hives) of flu vaccine we infection) ndrome one week after la might not be as co office hours to patien SAND HAVE BEEN ALID INSURANCE time of service ead the above, become the service of the service	omplete Its outside of above criteria) SEEN IN THE OFFICE. CARD ***********************************
Signature	Re	lation to Patient	Date
Flu Shot Administration Information: Manufacturer =		Site g	iven:
Givan Rv			