

WILLOWS PEDIATRIC INJECTABLE FLU SHOT ADMINISTRATION SHEET (2017-2018)

Patient Name: _____ DOB: _____ Age Today: _____
(one sheet per child) First Last (year and mth)

Has your child ever had a flu shot? YES / NO

Guarantor Name: _____

(Adult's name who holds the insurance coverage)

Primary Provider in Office: _____

If someone other than a Parent/Guardian is bringing a child in for the flu vaccine a written note giving permission to give the vaccine signed by a parent will be required to allow for administration.

PLEASE CHECK REASON FOR GETTING THE FLU SHOT:

- Child 6 months or older otherwise healthy
- Household contacts of children <6 months old
- Child 6 months old or older with underlying illness:

Please state illness: _____

Other reason not above: _____

Following are reasons why you can NOT receive the Injectable Flu Vaccine at this time:

1. serious allergy or hypersensitivity to streptomycin, latex, or eggs
2. acutely ill (respiratory illness, fever illness, active infection)
3. active neurological disorder
4. on acute course of oral steroids – reschedule for one week after last dose
5. ok to give if on chronic steroids, but protection might not be as complete

**YOU MUST BE A PATIENT OF WILLOWS and HAVE BEEN SEEN IN THE OFFICE.
YOU MUST SHOW A VALID INSURANCECARD OR BE PREPARED TO PAY AT TIME OF SERVICE.**

*******Below to be signed at time of service when in office*******

PARENT/PATIENT please sign below that you have read the above, been given the Vaccine Information Statement and have none of the reasons listed for NOT getting the flu shot today. Therefore you give Willows Pediatric Group permission to administer the injectable flu vaccine.

If your child is between 6 months and 9 years of age, please check our website for criteria regarding need for second immunization.

_____ Signature	_____ Relation to Patient	_____ Date
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Flu Shot Administration Information: Dosage Given: .25ml / .50ml site given _____

Manufacturer = Aventis Exp.= 30 June 2018
Lot # for .25ml

Lot # for .5ml

Given By: _____