

WILLOWS PEDIATRIC INJECTABLE FLU SHOT ADMINISTRATION SHEET (2020-2021)

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 is required.

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

1. allergy or hypersensitivity to streptomycin, latex
2. severe life threatening allergy to eggs (more than hives)
3. severe life threatening allergy to previous dose of flu vaccine
4. acutely ill (respiratory illness, fever illness, active infection)
5. active neurological disorder: Guillain-Barre Syndrome
6. on acute course of oral steroids – reschedule for one week after last dose
7. ok to give if on chronic steroids, but protection might not be as complete

(*Provider may allow administration of flu vaccine during regular office hours to patients outside of above criteria)

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

***** Below to be signed at time of service *****

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. 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

Flu Shot Administration Information: Site given: _____

Manufacturer =

Given By: _____