121 Tivoli Street; Abbeville, LA 70510 Phone: 337-893-0788 Fax: 337-893-0787

INFLUENZA VACCINE CONSENT

| Last Name: First Name: | | | MI: | | | |
|---|---|-----------|------|-----|------|--|
| Address: | City: | _State: _ | | | Zip: | |
| Phone #: | DOB: | SSN: | | | | |
| ALL OF THE FOLLOWING QU | UESTIONS MUST BE ANSWERED: | | | | | |
| Are you allergic to | eggs? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | ·>> Y | ES | or | NO | |
| Are you pregnant? | >>>>>>>>>>> | >>> Y | ES | or | NO | |
| Do you have a chro | onic illness? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | •>> Y | ES | or | NO | |
| Do you have a feve | r? >>>>>>>>> | >> Y | ES | or | NO | |
| Do you have HIV/A | IDS? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | >> Y | ES | or | NO | |
| Are you taking che | emotherapy treatments? >>>>>>>>>>>>>>>> | >> Y | ES | or | NO | |
| Hypersensitivity reaction may occur following vaccination. The most frequent side effect is soreness at the vaccination site for up to two days. Also, there may be fever and malaise (a general feeling of being unwell). If this occurs, you may take two Tylenol tablets. I have read and understand the information on this form about the influenza vaccine. I understand the benefits and risks of the influenza vaccine and request that the vaccine be administered to me. | | | | | | |
| Signature | Date | | | | | |
| Site of injection: | FOR OFFICE USE Date: Manu | ifacturo | r· | | | |
| Lot #: | Expiration Date: | Admini | ster | red | by: | |