

FLU VACCINE QUESTIONNAIRE

■ PATIENT INFORMATION

1. Does the patient currently have a moderate or severe illness? Yes No
 2. Has the patient had a bad reaction to a previous flu vaccine? Yes No
 3. Is the patient egg allergic? Yes No
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■ AUTHORIZATION OF TREATMENT, RELEASE OF INFORMATION, ASSIGNMENT OF BENEFITS:

Date: _____

I have seen and understand the Vaccine Information Statement (VIS). I give my consent to administer the influenza vaccine to my child.

Child's Name: _____

D.O.B. _____

Parent Signature: _____

Date: _____