ConnextCare
SBHC Influenza Immunization Consent Form

Name (Please Print)	DOB	Grade	Today's Date
Parent/Guardian Name (Please Print)	City/State		Zip Code
Insurance Company	Member Number	Gender	Phone

Patrick Carguello, DO
License # 216292

Client Screening

Are you allergic to eggs?	☐ Yes ☐ No
Have you ever had a serious reaction to a flu shot?	☐ Yes ☐ No
Have you ever had Guillian Barre Syndrome?	☐ Yes ☐ No
Have you ever received a pneumonia shot?	☐ Yes ☐ No
Are you sick with fever?	☐ Yes ☐ No
Are you receiving radiation, chemotherapy or other immunosuppressive therapy?	☐ Yes ☐ No
Are you pregnant or a nursing mother?	☐ Yes ☐ No
Have you received an allergy shot in the last 3 days?	☐ Yes ☐ No

Influenza Consent ICD-10 Code Z23

I have read or had explained to me the information sheet about influenza vaccine. I have had the chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the immunization described. I request the flu vaccine be given to me or the person named above for whom I am authorized to consent. I authorize the release of any medical information necessary to submit a Medicare/Medicaid claim or for any other public health purpose.

Signature of Recipient (parent or guardian) Date

☐ I would like to be present when the vaccine is given.

Influenza

Injection Site: ☐ LA ☐ RA

Manufacturer & Lot Number: _____

VIS DATE: 08/06/2021

***All flu shots will be administered as quickly as possible once we have received consent. However, in some cases there may be a 4-6 week wait, depending on vaccine availability. We appreciate your patience.

Nurse Signature / Title Date