New England Mail Order Pharmacy

NEMOP

FLU SHOT CONSENT FORM

I have read or have had explained to me the information on the "**Influenza Vaccine: What You Need to Know 2012-2013**" fact sheet. I have had the chance to ask questions that were answered to my satisfaction. I have answered the Screening Questionnaire for Injectable Influenza Vaccination truthfully and to the best of my ability. I believe I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request.

Name: _____
(Please Print)

Signature: _____

Business: _____

Screening Questionnaire for Injectable Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	No	Yes	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

For Clinic Use

Date Vaccine Administered _____/_____/2012

Site of injection: ☐ Right Arm ☐ Left Arm

Manufacturer: Novartis Lot #: 1205801 EXP. JUNE 2013 NDC 66521-115-10

Signature and title of person administering vaccine:

Signature: _____

Title: _____