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Annual Influenza Vaccine Consent Form- FLU SHOT

Section 1: Information about Patient to Receive Vaccine (please print)

PATIENT'S NAME: (Last)	(First)	(M.I.)	DOB
ADDRESS:	CITY	STATE	ZIP



Vaccine Eligibility

with the seasonal influenza vaccine after July 1, 2012? YES NO

The following questions will help us know if you can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, you can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, you may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options. Please mark YES or NO for each question.

	YES	NO
1. Do you have a serious allergy to eggs?		
2. Do you have any other serious allergies? Please list:		
3. Have you ever had a serious reaction to a previous dose of flu vaccine?		
4. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

Section 3: Consent

CONSENT FOR PATIENT'S VACCINATION:

I have read or had explained to me the 2012-2013 Vaccine Information Statement for the seasonal influenza vaccine and understand the risk and benefits.

☐ I GIVE CONSENT to Dr. KETHA'S OFFICE and its staff to vaccinate me with this vaccine.

☐ I DO NOT GIVE CONSENT to Dr. KETHA'S OFFICE and its staff to vaccinate me with this vaccine.

Signature: _____

Date: Month____ Day____ Year____

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Vaccine Administrator
Influenza	IM Intranasal	/ /			