



Annual Influenza Vaccine Consent Form-FLU SHOT 2023-2024

PATIENT'S NAME _____ **DOB** _____

PARENT/LEGAL GUARDIAN'S NAME _____

Ages 6 months to 8 years:

Has your child ever received 2 or more total doses of any influenza vaccine prior to July 1, 2023?

YES NO

Please mark YES or NO for each question.

1. Has your child ever had a serious reaction to a previous dose of flu vaccine? YES NO
2. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? YES NO
3. Does your child currently have fever/symptoms of a moderate to severe illness? YES NO

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 8/6/2021 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

____ I GIVE CONSENT to the Harbor Pediatrics and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then you child will not be vaccinated)

____ I DO NOT GIVE CONSENT to the Harbor Pediatrics and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____

Date: _____

FOR ADMINISTRATIVE USE ONLY

Vaccine Administered: Fluzone Quadrivalent/Sanofi Pasteur 0.5mL prefilled syringe/preservative free

Date:

Lot # IM Injection Site: Left Deltoid Right Deltoid Left Thigh Right Thigh
NDC# Exp Date: Given by: EK KJS KS DL DO