



FLU VACCINE CONSENT - 2020-2021
Documentation & Consent Form

Last Name: First Name: Age: DOB:

Address: City:

State: Zip code: Phone Number

INFLUENZA VACCINE SCREENING QUESTIONNAIRE

Table with 3 columns: Question, YES, NO. Rows include: Have you had a severe reaction to a flu shot in the past?, Do you have an active or history of a neurological disorder including Guillain-Barre Syndrome (GBS)?, Do you have any type of illness with fever, acute respiratory or other active infection or illness?, Are you pregnant? (Pregnant women should have a note from the OB/GYN) and must be vaccinated in the health center, For children aged 4 to 8 years old, please refer to the dosing schedule below- Children must be vaccinated in the health center only

Table with 3 columns: AGE, DOSE, SCHEDULE. Rows include: 4 Through 8 years of age, 9 years and older. Includes a note: ***It is important to check the brand of vaccine, since some brands are not approved for all age groups

PATIENTS WITH YES ANSWERS ABOVE - MUST POSTPONE VACCINATION UNTIL REQUIRED TIME HAS ELAPSED. (i.e. illness/fever resolved) OR FOLLOW UP WITH THEIR PROVIDER OR PRIMARY CARE PHYSICIAN TO RECEIVE MEDICAL CLEARANCE AND IN-OFFICE VACCINATION.

PATIENT AUTHORIZATION

I have been offered a copy of the Vaccine Information Statement(s) (VIS) for the influenza vaccine. I have read, had explained to me, and understand the information in the VIS(s). I ask that the influenza vaccine be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Florida Immunization Registry for myself or on behalf of the person named below:

Signature of Patient or Parent/Guardian: Date:

Name of Guardian (please print):

OFFICE USE ONLY

Table with 8 columns: VACCINE, DOSE (volume administered), EXTREMITY Left/Right, SITE Deltoid, ROUTE IM, VIS PUBLISH DATE, MANUFACTURER LOT #, EXP DATE. Rows include: Fluceleavax® Quadrivalent (90756) MDV, Fluceleavax® Quadrivalent (90674) Prefilled Syr

VACCINE ADMINISTRATOR Signature: Title:

Upload this signed consent to the patient's EHR

Vaccine Administration Date: VIS Form given on same date as vaccine administration? YES NO

Physician Standing order for Influenza administration on file for the 2020-2021 season.