



15 Hospital Drive, York, ME 03909

PATIENT INFLUENZA VACCINE CONSENT

2024-25 [Inactivated] Influenza

- 1. Are you over the age of 65?
2. Do you have a severe allergy to hen's eggs?
3. Have you had a previous severe reaction to Influenza vaccine?
4. Do you have fever/symptoms of a moderate to severe illness?
5. Have you ever had Guillain-Barre' syndrome?
6. Have you ever experienced an anaphylactic reaction to Gentamicin (Flumist) or Neomycin (Fluad)?

PATIENT CONSENT:

I have read, or have had read to me, the information on the sheet about Influenza and the influenza vaccine [VIS Inactivated Influenza Vaccine (Last Updated: 08-06-2021)]. I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me.

PATIENT BILLING INFORMATION:

INFORMATION ABOUT PERSON TO RECEIVE THE VACCINE (PLEASE PRINT):

Name: First MI Last Date of Birth
Address: Street City State Zip
Phone #: Primary Care Provider:
MEDICARE ID#: OR
INSURANCE:
SUBSCRIBER: POLICY #: GROUP #:
Parent/Guardian Name (please write legibly):

SIGNATURE OF PERSON RECEIVING VACCINE OR PERSON AUTHORIZED TO MAKE THE REQUEST:

X Date:

FOR OFFICE USE ONLY: Paragon Influenza Vaccine Description

Verbal Consent:

Name of Patient or Guardian Date

Name of Caregiver Obtained Consent Date

Vaccine administered:

- Standard (age 6 mos. & up): influenza, injectable, trivalent, preservative free
Adult > 65: (age 65 & up): influenza, adjuvanted, injectable, trivalent, preservative free
Flublok > 18 YOA inactivated influenza, recombinant, IM injection, trivalent, preservative free

VISIT ID#:

Injection Site: Deltoid

- Left Right

LOT #:

Date:

Given by:

