

JUST US KIDS PEDIATRICS 2020-2021 Influenza Vaccine Consent Form-FLU SHOT

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

Section 2: Screening for Vaccine Eligibility

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

PATIENT NAME: _____

PATIENT DOB: _____

Please mark YES or NO for each question.

1. Does your child have a serious allergy to eggs? _____

2. Does your child have any other serious allergies? Please list:

3. Has your child ever had a serious reaction to a previous dose of flu vaccine?

4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? _____

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2019-2020 Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the Just Us Kids 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 your child will not be vaccinated)

Signature of Parent/Legal Guardian

_____ DATE _____