



York Hospital - 15 Hospital Drive, York, ME 03909

PATIENT INFLUENZA VACCINE CONSENT

2020 – 2021 [Inactivated] Influenza

- 1. Are you over the age of 65? YES NO High dose? Y N
- 2. Do you have a severe allergy to hen’s eggs? YES NO
- 3. Have you had a previous severe reaction to Influenza vaccine? YES NO
- 4. Do you have fever/symptoms of a moderate to severe illness? YES NO
- 5. Have you ever had Guillian-Barre’ syndrome? YES NO
- 6. Do you have a severe (anaphylactic) allergy to Gentamicin? YES NO

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 2020-2021 (08-15-2019)]. 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 Name: _____

SUBSCRIBER: _____ POLICY #: _____ GROUP #: _____

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 Quad (age 6 mos & up): influenza, injectable, quadrivalent, preservative free

Adult High Dose: (age 65 & up): influenza, high dose seasonal preservative free

FluBlok (Egg Free) (age 18 & up): influenza, recombinant, injectable, preservative free

VISIT ID#: _____

Injection Site: Deltoid

Left Right

LOT #: _____

Date: _____

Given by: _____

- CCS entry completed by _____ (initials)
- Charge entry completed by _____ (initials)

