



**Pediatric & Adolescent
Medicine**

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**FLU VACCINE CONSENT
2016-2017**

Influenza is a respiratory infection caused by a viruses. An injection of flu vaccine will not give you the flu. Most people will have no harmful side effects from the vaccine. Some may have tenderness at the injection site, fever, chills, headache, or muscle aches within the first 48hrs. Children under the age of 3 years and pregnant women should receive advice from their physicians before receiving this vaccine. People allergic to eggs, chicken, or chicken feathers should not receive this vaccine. People with fever should not receive this vaccine.

- 1. Have you received the flu vaccine this year? Yes No
- 2. Are you allergic to eggs or any vaccine components? Yes No
- 3. Do you have a fever today? Yes No

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccine as described. I request that the vaccine be given to me or to the person named below for who I am authorized to sign.

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ St: _____ Zip: _____

Signature(Parent/Guardian if minor): _____ Date: _____

FOR CLINIC USE ONLY:

Administered By: **MGD, MD** **KLW, RN**

Site of Inj: **RVL** **LVL** **LD** **RD**

Insurance: **CHIP(21)** **VFC (19)**

	<u>MFG</u>	<u>Lot</u>	<u>Exp</u>	<u>VIS</u>	
_____ Fluvarix Quad	GSK	79PE5	06/30/17	8/7/15	>3yr default
_____ Fluzone 0.25ml	Sanofi	UT5594NA	6/30/17	8/7/15	6-35mo default
_____ Fluzone	Sanofi	UI684AC	6/30/17	8/7/15	

PRIVATE

_____ Fluzone (6mo+)	Sanofi	UI684AE	6/30/17	8/7/15
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