Parent Flu Form

Parent Name:____ **Parent DOB**:__________________

Phone: _______________________________

Do you have the same insurance as your child? Yes No

Full name of child at the practice____

I understand that if my insurance is different from that of my child, I am responsible for paying for my flu vaccine at the time of service.

Tosa Pediatrics Influenza Vaccine Screening Questionnaire

For vaccine recipients: Please answer the following questions. If the questions are unclear, please ask your healthcare provider.

1. Have you had a fever in the last 24 hours? Yes No Don't Know
2. Do you have any allergies to medications, food, chemicals, latex, or any vaccine? If yes, please describe. Yes No Don't Know
   ____.
3. Have you had a serious reaction to the flu vaccine in the past? If yes, please describe: Yes No Don't Know
   ____.
4. Have you had a neurological illness, such as Guillain-Barre' syndrome (a progressive paralysis of the body)? Yes No Don't Know
5. Have you received a flu vaccine after July 1, 2020? Yes No Don't Know

Flu Mist Only Questions

6. Has a healthcare provider told you that you have had wheezing or asthma in the last 12 months? Yes No Don't Know
7. Do you plan on having close contact within the next 7 days with any individuals who immune system is severely compromised? Yes No Don't Know
8. Have you received a vaccine in the last 4 weeks? Yes No Don't Know
9. Are you over the age of 49? Yes No Don't Know

CONSENT FOR VACCINATION: I have read, or have had explained to me, the Vaccine Information Statement for the vaccine (www.OCPH.info). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the Flu vaccine be given to the person named above for whom I am authorized to make this request. I understand that a record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) and with other health care providers directly involved with the vaccinated person's care. A copy of this consent form is as valid as the original.

Signature: ____ Date: _____________________

For office use only:

Type/Lot: ___________________________ Location: ___________________ Administered by: ___________________