

ALL CARE MEDICAL

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CONSENT FOR FLU VACCINE

You are receiving the 2009-2010 influenza (flu) vaccine. The vaccine contains NO live virus, so it CANNOT cause the flu.

Possible side effects:

- 1. Most common – soreness at the vaccine site
- 2. Rare – fever, bodyache (usually gone in two days)
- 3. Extremely rare – allergic reactions ranging from hives to death

For minor problems (fever, achiness), take Tylenol. If you have any concerns, call us!

PLEASE CIRCLE THE CORRECT RESPONSE FOR YOU

I AM ALLERGIC TO CHICKEN EGGS	YES	NO
I HAD AN ALLERGIC REACTION TO A PAST FLU SHOT	YES	NO
I AM ALLERGIC TO THIMEROSOL (A PRESERVATIVE IN SOME MEDICATIONS)	YES	NO
I HAVE AN ACTIVE NERVOUS SYSTEM DISEASE	YES	NO
I HAVE A CURRENT ILLNESS WITH FEVER	YES	NO
I HAVE A CURRENT INFECTION	YES	NO
I AM, OR ABOUT TO BECOME, PREGNANT	YES	NO
I HAVE A PAST HISTORY OF GUILLAIN-BARRE SYNDROME	YES	NO

FLU SHOT WAIVER

Some insurance carriers do not pay for the Influenza Virus Vaccine (Procedure Code 90724) as a preventive measure.

I have been notified that my insurance company may not cover this vaccine. If my insurance company denies payment, I agree to be personally and fully responsible for full payment .

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I CONSENT TO RECEIVE THE FLU VACCINE AND AGREE TO THE ABOVE WAIVER:

Patient Name – PRINT	ID #	Patient SIGNATURE	Date
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Patient's Oral Temp: _____ °F Site: Left / Right Arm, Thigh Admin. By: _____