

Parent/Guardian Flu Vaccination



Brookline Pediatrics
Boston Children's
Primary Care Alliance

brooklinepediatrics.com
617-232-2915 | fax 617-232-2337

We are happy to be able to offer influenza vaccination to the parents and guardians of our patients. The cost for this service is \$40, payable at the time of the vaccination.

Please complete the following

Name of individual to be immunized:

Address: -----

City: ----- State: -----

Zip: -----

Phone: -----

Date of birth: -----

Please answer the following questions

1. Are you sick or do you have a high fever today?

Yes No Unknown

2. Have you ever had an allergic reaction to a flu shot?

Yes No Unknown

3. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?

Yes No Unknown

4. Are you pregnant, or think you may be?

Yes No Unknown

5. Do you have a blood clotting disorder or are you taking blood thinning med?

Yes No Unknown

Acknowledgement

- I am at least 18 years of age.
- I have read or had explained to me the CDC Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.
- I have been given the opportunity to ask questions regarding the influenza vaccine, including the risks and benefits of receiving the influenza vaccine.
- I understand the benefits and risks of the influenza vaccine and request that it be given to me.

Signature of recipient of the vaccination:

Date: -----

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route/Location	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	↑ IM				