



Flu Consent

Patient Name _____ DOB ____/____/____ Date ____/____/____

Pre-Immunization Conditions

For your protection, please accurately respond to the following questions:

1. Do you currently have a fever? ___ Yes ___ No
2. Do you suffer from allergy or sensitivity to egg, egg products or thimerosal (Mercury derivative used as a preservative)? ___ Yes ___ No
3. Do you have a history of neurological disorder causing temporary paralysis called Guillain-Barre Syndrome? ___ Yes ___ No
4. Have you had a tightening in your throat, inability to breathe or an allergic reaction immediately following a previous vaccination? ___ Yes ___ No
5. Are you currently pregnant? ___ Yes ___ No

Consent for Vaccination: Most commonly, the reactions may be a sore or tender arm at the injection site, possible fever, chills, headache or muscle aches. Symptoms usually last between 24-48 hours. I release Blackhawk Medical Group and its affiliates from responsibility of any reaction resulting from the injection and I take full responsibility to seek medical attention should more severe symptoms occur. I acknowledge I have no condition including, but not limited to, the Pre-Immunization Conditions listed above, that would prevent me from receiving the influenza vaccination at this time. **I have been provided with and have read/understand the 2022-2023 Vaccine Information Statement for the seasonal flu vaccine.**

I give consent to Blackhawk Medical Group and its staff to administer the 2022-2023 Seasonal Influenza Vaccine to me.

Patient Signature _____ Date ____/____/____

Administered By _____ Date ____/____/____