# 2014-15 Influenza Vaccine Consent Form (Pediatrics)

Little Silver Pediatrics & Family Medicine is committed to healthy families and communities. We are pleased to offer *preservative-free* flu vaccine to protect our pediatric and adult patients. To keep our community safe from flu, we urge all families to consider getting the Influenza vaccine this season. We accommodate children and parents during the same visit. **Vaccination is by appointment only. To schedule an appointment, please call** (732) **Health1** *or* (732) 741-5600

The **Centers for Disease Control and Prevention** (CDC) recommendations for the 2013-2014 flu season are posted at http://www.cdc.gov/flu/protect/vaccine/index.htm.

**American College of Obstetricians and Gynecologists *advises* all pregnant women to get the Flu Vaccine:** http://www.acog.org/About-ACOG/News-Room/News-Releases/2014/All-Pregnant-Women-Should-Get-Flu-Vaccine-Says-ACOG.

**Before Your Visit:** Please download and **print this form**. Review the **Vaccine Information Sheet (VIS)** published by the Centers of Disease Control at http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf. A copy will also be provided for you to review at our office and before the vaccine is administered.

**Section 1: Information about Child to Receive Vaccine (please print)**

| | | | | | |
|---|---|---|---|---|---|
| **CHILD's NAME** (Last) | | (First) | (M.I.) | **CHILD'S DATE OF BIRTH** **month**_____ **day**_____ **year**_____ | |
| **PARENT/LEGAL GUARDIAN'S NAME** (Last) | | (First) | (M.I.) | **CHILD'S AGE** | **CHILD'S GENDER** **M / F** |
| **ADDRESS** | | | | **PARENT/GUARDIAN DAYTIME PHONE NUMBER:** | |
| **CITY** | **STATE** | **ZIP** | | | |
| **SCHOOL NAME** | | | | **GRADE** | |

**Section 2: Screening for Vaccine Eligibility**

**If your child has already been vaccinated with 2014 influenza vaccine, please tell us the number of doses and dates of vaccination.**

☐ Dose 1 Date received: month____day____year_____ Form (please circle): nasal spray shot

☐ Dose 2 Date received: month____day____year_____ Form (please circle): nasal spray shot

**The following questions will help us know if your child can get the 2014-15 Influenza vaccine. Please mark YES or NO for each question.** If you answer "NO" to all four of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, your child may NOT be able to get the Influenza vaccine. You should contact your child's pediatrician to discuss your options.

| | NO | YES |
|---|---|---|
| 1. Has your child had fever or been sick during the last seven days? | ☐ | ☐ |
| 2. Does your child have a serious allergy to eggs? | ☐ | ☐ |
| 3. Does your child have serious allergies to the following:(check) ☐ gelatin ☐ polymixin ☐ gentamycin ☐ neomycin | | |
| 4. Does your child have any other serious allergies that you know of? Please list: _____ | ☐ | ☐ |
| 5. Has your child ever had a serious reaction to a previous dose of flu vaccine? | ☐ | ☐ |
| 6. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | ☐ | ☐ |

**Section 3: Consent & Permission to Release Information**

I have read the 2014 Vaccine Information Statement published by the US Centers for Disease Control and Prevention for the Influenza vaccine, had my questions answered, and understand the risk and benefits. I give consent to Little Silver Medicine (administrator) and its staff **for my child** named at the top of this form **to get vaccinated with the 2014 Influenza vaccine**. I have read the notice for consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations and give consent for release of data from the vaccination record for reporting to the CDC, administrative purposes, and, for community health improvement.

_____ _____

Signature of Parent/Legal Guardian Date: Month / Day / Year

| Vaccine | Admin Date | VIS-Flu | Route | Manufacturer | Lot Nu. | Administrator |
|---|---|---|---|---|---|---|
| Influenza | | 8/19/2014 | IM | Sanofi/CSL/Novartis | | ☐ D Mehra,MD ☐ N Mehra,MD |