



AUTHORIZATION FOR ADMINISTRATION OF FLU VACCINE

I, _____, knowing that I am to receive medical treatment, at my specific request, in the form of the administration of the 2020/2021 Flu Vaccine, do hereby voluntarily consent that such treatment be rendered by Family Practice of CentraState and its designated physicians/nurse practitioners/registered nurses. I am 18 years of age or older.

To my knowledge I am not allergic to chicken eggs or chicken egg products, or Thimerosal (found in merthiolate and some contact lens solutions) and have never been advised by my physician not to receive this vaccine.

If I am taking Coumadin or another prescription blood thinner and/or theophylline preparations; I have obtained my physician's consent to receive a flu shot.

If I have been diagnosed with Multiple Sclerosis, I have received my physician's consent to receive a flu shot. I do not currently have a fever or the symptoms of an acute infection. I have never been paralyzed with Guillain-Barre Syndrome.

I understand that the recommended immunization is one injection/dose. I understand that receipt of the vaccine does not protect me against other illnesses that resemble the flu and it may not completely protect me against the flu. I further understand that if I have a condition of (or am undergoing treatment which causes) immunosuppression (weakened immune system), the effectiveness of the vaccine in preventing the flu may be decreased. I believe I understand the risks and benefits of the vaccine.

Side effects are not common but may include: fever, general discomfort and aches and pains which may begin 6-12 hours after vaccination and persist 1-2 days. Influenza vaccine **CANNOT** cause influenza.

I hereby release Family Practice of CentraState of any responsibility for ill effects. This form has been fully explained to me and I certify that I understand its contents.

I have received the Vaccine Information Statement and Have had my questions on the vaccine answered.

Patient Signature: _____

Print Name: _____ Date of birth: _____

-----**DO NOT FILL OUT FORM BELOW THIS LINE**-----

Flu Administrator: _____ Date: October 10, 2020

0.5cc IM Right Deltoid _____ Left Deltoid _____ **Lot # 279833 Exp Date: June 30, 2021**

Temperature: _____ °F