2015-2016 Influenza Vaccine Authorization

Patient _____ _____ DOB _____

Print Name Last First

Primary Insurance _____ Age _____

Children with illnesses that include fever may not receive the vaccine.
Children with minor cold, cough symptoms may still receive the flu vaccine.
Children who are wheezing *now* can receive the flu shot, not the Flu Mist (nasal spray).

Has your child had a fever (temperature 100.5 degrees or more) in the last 5 days? Yes No

Is your child allergic to eggs, gelatin, or neomycin? Yes No

If they have had an allergic reaction to eggs, was it mild (see below)? Yes No

Note: **children with mild allergic reactions to egg may safely have the flu shot** (not the Flu Mist nasal spray). A mild allergic reaction to eggs would include mild itching, a few hives, mild nausea, or itchy nose. Any worse reaction (wheezing, faint, tight throat, hoarse voice, lip or tongue swelling, many hives, vomiting) to eggs would prompt us to refer your child to an allergist before routinely giving the flu shot. Children with a history of a mild reaction to eggs should stay in the office for 30 minutes after the flu shot. This is in case they need treatment for a reaction after the flu shot.

Does your child have a history of any of the following? If so, your child should receive the **flu shot**, not the Flu Mist.

Asthma or recurrent wheezing	Diabetes	Heart condition
Compromised immune system	Guillain-Barre Syndrome	Anemia
Chronic kidney disease	Neuromuscular disorder	Sickle cell anemia

Has your child ever had a flu vaccine before? Yes No

Children who are receiving the vaccine (shot or mist) for the first time AND are 6 months to 8 years of age need 2 doses one month apart. If your child is less than 9 years of age and has never had 2 doses in one year, they should receive two doses one month apart. All other children require just one dose this year.

A copy of the CDC's Vaccine Information Statement has been provided. I believe that I understand the information provided and authorize vaccine of my child/dependent.

_____ _____

Parent/Guardian Signature Today's Date

Child's Primary Doctor: Dr. Jeff Dr. Lisa Dr. Tim Dr. Rob Dr. Beth

Office Use Only

Influenza Vaccine Expiration_____ Lot No._____

90687_____ 90688_____ LA RA 90672_____

6-35 months 3 years and up LT RT

90471 Admin Immunization_____ 90473 Admin Intranasal_____

Nurse_____ Ordering Doctor_____