

## INFLUENZA IMMUNIZATION CONSENT FORM

I have read the Influenza Vaccine Information Statement dated 08/15/19, made available at <https://candlewoodvalleypediatrics.com/wp-content/uploads/2020/08/VIS-Flu.pdf>. I understand the benefits and risks of the vaccine. I give consent to Candlewood Valley Pediatrics (CVP) and its staff for me/my child to be vaccinated with the Influenza vaccine. I authorize the release of any medical or other information necessary to process the insurance claim or for other public health reporting purpose.

*I understand that I will receive a bill from CVP for any portion of this claim that my insurance company does not pay and I agree to pay, in full, within 30 days of receipt, all unpaid charges billed to me.*

### **Please answer the following questions:**

#### Flu Consent

Is the person receiving the influenza vaccination sick with fever today?

Yes  No

Has the person receiving the influenza vaccination ever been diagnosed with Guillain-Barre Syndrome?

Yes  No

Has the person receiving the influenza vaccination ever had an allergic reaction after a previous dose of influenza vaccine, or have any severe, life-threatening allergies?

Yes  No

#### Current insurance information

Please provide your current insurance information. (Insurance company/ID/primary insured.) THANK YOU!

#### Sign off

Signature of patient/parent/legal guardian (as applicable):