

# Highlands Integrative Pediatrics

First Name	Last Name	Date of Birth	Vaccine Name	Vaccine Manufacturer	Vaccine Lot #	Site/Route of Injection
			Influenza Vaccine (inactivated) Trivalent Prese. Free .5mL	Sanofi Pasteur		
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Signature & title of vaccine administrator: \_\_\_\_\_

**For patients (both children and adults) to be vaccinated:** the following questions will help us determine if there is any reason, we should not give you or your child and activated injectable influenza vaccine today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have any allergies to the flu vaccine or to the component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have had a chance to ask questions on behalf of my child. Any questions were addressed to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me and to my child.

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_