UPMC | CHILDREN'S COMMUNITY PEDIATRICS

Adult Flu Record & Consent Form

Fill in Information About Person to Receive Vaccine (Please Print)

Last Name _____ First Name _____ Middle Name _____

Parent or caregiver of a UPMC CCP patient

Relationship _____

Home Mailing Address _____

City _____ State _____ Zip _____

Date of Birth (mm/dd/yyyy) _____ Phone Number _____ Email Address _____

Are you sick today?	☐ Yes	☐ No
Do you have an allergy to an ingredient of the vaccine?	☐ Yes	☐ No
Have you ever had a serious reaction to influenza vaccine in the past?	☐ Yes	☐ No
Do you have a history of Guillain-Barre Syndrome (a severe paralytic illness)?	☐ YES	☐ NO
Have you ever felt dizzy or faint before, during, or after a shot?	☐ YES	☐ NO
Do you feel anxious about getting a shot today?	☐ YES	☐ NO

I hereby certify that the foregoing information is true and complete to the best of my knowledge. I further hereby acknowledge having been given the **"Vaccine Information Statement (VIS): Inactivated Influenza Vaccine: WHAT YOU NEED TO KNOW" and have had an opportunity to read the information contained on the form.** I have had a full opportunity to ask questions, and my questions have been answered. Understanding the benefits and risks involved, I consent to have the vaccine given to me. BY DOING SO, I HEREBY VOLUNTARILY RELEASE AND FOREVER DISCHARGE, FOR MYSELF AND MY HEIRS, EXECUTORS, AND/OR ADMINISTRATORS, CHILDREN'S COMMUNITY PEDIATRICS AND UPMC FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION, WHICH MAY RESULT FROM RECEIVING THIS VACCINATION.

Signature _____ Date _____

For Clinic Use Only:	Are you well today? ☐ Yes ☐ No
_____ Signature of Vaccine Administrator	Vaccination Date: _____ VIS Publication Date: 8/6/2021 Injection Site: _____ Dosage Volume: 0.5mL Route: IM Expiration Date: _____
Signature Date: _____	Vaccine: Flucelvax Manufacturer: Seqirus Lot Number: _____

This form must be signed and presented at the time of vaccination.

Please consult your primary medical provider if you any questions, concerns, or reactions after receiving a flu vaccine.

Document Date: 7/23/2024