



PAJ ENSKRIPSYON

DAT JODIA: _____ MR #: _____

NON PASYAN AN: _____

DAT NESANS: _____ NIMEWO SOSYAL: _____

ETNISITE: _____ LANG: _____

ADRÈS IMEL: _____

ADRÈS: _____

VIL: _____ ETA: _____ KÒD POSTAL: _____

ENFOMASYON PARAN / LEGAL GADYEN

NON:----- Relasyon ou konsènan pasyan an: _____

NIMEWO TELEFON KAY: _____ NIMEW SELILÈ OU: _____

Non Kontak Ijans

Nimewo telefòn

**ENFATIONMASYON SOU ASIRANS
Pasyan an genyen (tanpri tcheke youn)**

Medicaid ___ Medicare ___ asirans prive ___ peye pwòp tèt ou ___

Non Asirans la: - - - - -

Numero Policy: _____

Number group: _____

Dat li efektif _____

Exp.

Detèminasyon Gwoup Finansye: (Inisyal pa klasifikasyon)

___ A ___ B ___ C ___ D ___ E

SIYATI PARAN / LEGAL GADYEN

Dat

INFLUENZA IMMUNIZATION CONSENT FORM

NAME: _____ D.O.B: _____

ATHENA MR# _____

Please read through and complete questionnaire, discuss with the nurse if you do not understand the questions.

1. Have you ever had a bad reaction to any previous vaccines? Yes _____ No _____
2. Are you unwell today with an illness associated with a fever? Yes _____ No _____
3. Have you had a severe allergic reaction (shock, collapse, rash, wheezing) to eggs or chicken feathers, neomycin, polymycin, and gentamycin or a previous influenza vaccine? Yes _____ No _____
4. Have you suffered from guillian barre syndrome in the past? Yes _____ No _____
5. Are you in agreement with the administration of an influenza vaccination to be given by the Nurse? Yes _____ No _____

POSSIBLE ADVERSE EVENTS AND PRECAUTIONS

- The influenza vaccine is generally well tolerated.
- Occasional discomfort, redness and swelling at the injection site is the most common adverse reaction.
- Fever, muscle pain and generally feeling unwell occur infrequently within a few hours of vaccination and may last 1-2 days.
- Immediate adverse events such as hives, angio-edema, and asthma or systemic anaphylaxis are a rare consequence of vaccination.
- I have read and understand this information and consent to receive an influenza vaccine injection.
- I understand I will need to wait at the immunization center for 10-15 minutes after the vaccination.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Influenza vaccine given by: _____ Date: _____

Signature: _____