

REGISTRATION FORM

TODAY'S DATE: _		MR	MR #:		
PATIENT'S NAME	B:				
D.O.B:		SS :	#:		
ETHNICITY:		LA	NGUAGE:		
E-MAIL:					
			STATE: ZIP:		
	PARENT/LEGAI	L GUARDIAN INF	<u>ORMATION</u>		
Name:		Rel	Relationship to Patient:		
Home Phone #:		Cel	1 Phone #:		
Emergency Contact	Name	En	nergency Contact Pl	none #	
		ANCE INFORMAT patient has (please o			
Medicaid	Medicare	_ Private Ins	surance	Self Pay	
Insurance Name:					
Policy Number:		Group Number:			
Effective Date			Exp. Date:		
Financial Class Dete	ermination: (Initials	by classification)			
A	B	C	D	E	
Parent/Legal Guardi	an Signature		Date		



INFLUENZA IMMUNIZATION CONSENT FORM

ЛЕ:	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? YesNo 2. Are you unwell today with an illness associated with a fever? YesNo 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? YesNo 4. Have you suffered from guillian barre syndrome in the past? YesNo 5. Are you in agreement with the administration of an influenza vaccination to be given by the Nurse? YesNo
<u>P(</u>	OSSIBLE ADVERSE EVENTS AND PRECAUTIONS
 Occa Fever vacci Imme conse I have I und 	influenza vaccine is generally well tolerated. sional discomfort, redness and swelling at the injection site is the most common adverse reaction. r, muscle pain and generally feeling unwell occur infrequently within a few hours of nation and may last 1-2 days. ediate adverse events such as hives, angio-edema, and asthma or systemic anaphylaxis are a rare equence of vaccination. e read and understand this information and consent to receive an influenza vaccine injection. erstand I will need to wait at the immunization center for 10-15 minutes after the nation.
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