



FCCHC – Influenza Vaccine (FLU SHOT) Consent Form

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| 1. Have you ever had an allergic reaction to flu vaccine? | YES | NO |
| 2. Are you allergic to eggs or egg products? | YES | NO |
| 3. Do you have a history of Guillain-Barre Syndrome? | YES | NO |
| 4. Are you allergic to Thimerosal (mercury based preservative)? | YES | NO |
| 5. Are you allergic to latex? | YES | NO |
| 6. Do you feel ill today or have a fever? | YES | NO |

I hereby certify that the foregoing history is true and complete to the best of my knowledge and I have received and read the "Vaccine Information Sheet" from the CDC, have had the opportunity to ask questions that were answered to my satisfaction, and do wish to receive the flu vaccine. Furthermore, I hereby release and forever discharge for myself, my heirs, executives, and administrators and assignees, **First Choice Community Health Centers (FCCHC)** and their employees, owners and representatives from any and all claims, demands, actions and cause of action, which may result from participation in this program.

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____ DOB _____ AGE _____

SIGNATURE _____

Manufacture and Lot# _____ / _____ Exp: _____ 20 _____

Site of Injection: R L Deltoid

Signature and title of Vaccine Administrator: _____

✦ Guillain-Barre Syndrome is an illness associated with the swine flu in 1976 characterized by fever, nerve damage and muscle weakness.

ANDERSON CREEK MEDICAL/DENTAL ANGIER BENHAVEN LILLINGTON