

My child's appointment is on (Date): \_\_\_\_\_

Time: \_\_\_\_\_



## PLEASE READ

**Please enter our parking lot from Ashburn Farm Parkway and Exit the flu vaccine clinic onto Marshfield Rd. The parking lot will be marked with signage to direct you to the back lot where you will see our tents set up.**

Flu vaccine is now available! Due to the COVID-19 pandemic Ashburn Pediatrics WILL NOT be offering any Saturday walk-in Flu vaccine clinics. Please call the office to schedule your flu vaccine appointment. 703-729-7652.

In addition to weekday appointments, the office will have Saturday Parking-lot flu vaccine clinics at the Ashburn office by appointment only for limited Saturday's this fall from 8:30am to 11am.

**ASHBURN PEDIATRICS  
FLU VACCINE CONSENT**

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

I have read and understand the information on the Influenza Vaccine Information sheet (VIS). I give permission for my child to receive the vaccine.

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1. Does your child have a history of Guillain-Barre Syndrome?    \_\_\_ Yes    \_\_\_ No
2. Has your child had an allergy shot in the last 48 hours?    \_\_\_ Yes    \_\_\_ No
3. I have received the CDC Vaccine Information    \_\_\_ Yes    \_\_\_ No

Statement.

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I have completely read and understand and agree with the statements on side one and two of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be filled out by practice

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Reviewed by nurse \_\_\_\_\_ Date \_\_\_\_\_

Lot No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Flucelvax/Fluarix (Injectable)    Site: LA    RA    LL    RL

Side 1

This is a two sided form – Please read and sign both sides

ECW     VIIS

**Patient Name:**\_\_\_\_\_

**DOB:**\_\_\_\_\_

## 2020/2021 Influenza

### Should a flu vaccine be given to someone with suspected or confirmed COVID-19? No

Vaccination should be deferred (postponed) for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the [criteria](#) to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19.

Additionally, a prior infection with suspected or confirmed COVID-19 or flu does not protect someone from future flu infections. The best way to prevent seasonal flu is to get vaccinated every year.

cdc.gov

• I AGREE THAT NO ONE IN OUR HOUSEHOLD HAS BEEN EXPOSED TO COVID-19 OR SOMEONE WITH COVID 19 SYMPTOMS OR HAD ANY OF THE FOLLOWING SYMPTOMS IN THE LAST 14 DAYS?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

• No one in our household has attended a large gathering of over 10 people in which anyone in attendance was not wearing a mask or social distancing.

• By signing this form patient/parent agrees they have no exposure risk, symptoms or confirmed COVID-19 in their household.

**Patient/Parent Signature:**\_\_\_\_\_

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

**Side 2**