

**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.

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.

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

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