



Brookline Pediatrics

1180 Beacon St. Suite 7A

Brookline, MA 02446

p: (617) 232-2915 | f: (617) 232-2337

We are happy to be able to offer influenza vaccination to the parents of our patients. The cost for this service is \$35, payable at the time of the vaccination.

Please complete the following:

Name of Individual to be Immunized _____

Address _____ City _____ Zip _____

Phone # _____

Date of Birth _____

Please answer the following questions:

- | | |
|---|----------------|
| 1. Are you sick or do you have a high fever today? | Yes No Unknown |
| 2. Have you ever had an allergic reaction to a flu shot? | Yes No Unknown |
| 3. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | Yes No Unknown |
| 4. Are you pregnant, or think you may be? | Yes No Unknown |
| 5. Do you have a blood clotting disorder or are you taking blood thinning med? | Yes No Unknown |

Acknowledgement:

I am at least 18 years of age. I have read or had explained to me the CDC Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits. I have been given the opportunity to ask questions regarding the influenza vaccine, including the risks and benefits of receiving the influenza vaccine. I understand the benefits and risks of the influenza vaccine and request that it be given to me.

Signature of Recipient of the Vaccination

Date

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route/ Location	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	↑ IM	/ /			