

Middle-Brook Regional Health Commission

111 Greenbrook Road
Green Brook, NJ 08812

732-968-5151 (phone)
732-968-5331 (fax)

IN COLLABORATION WITH

Green Brook Family Medicine 328 Greenbrook Road, Green Brook, NJ 08812 (732) 356-0266

Checklist and Consent for Influenza Vaccine

Name: _____ Date of Birth: _____ M F

Address: _____ Phone: _____

City, State: _____ ZIP: _____

- | | | |
|---|-----|----|
| 1) Are you severely allergic to eggs, latex, or Thimerosal (Contact lens solution)? | YES | NO |
| 2) Do you have a history of Guillain-Barre Syndrome? | YES | NO |
| 3) Do you currently have a moderate – severe illness with a fever? | YES | NO |
| 4) Have you ever had a severe reaction to an influenza vaccine?
if yes, please describe _____ | YES | NO |

I have read or have had explained to me the Vaccine Information Sheet about the Influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. As with any other vaccine, vaccination does not guarantee 100% effectiveness. I believe I understand the benefits and risks of the Influenza vaccine and request that it be given to me or the person named below for whom I am authorized to sign.

Patient Signature _____ Date: _____

I request that payment of authorized Medicare and/or Insurance benefits be made to Ronald M. Frank, MD PA for this service. I authorize release of medical or other information to process this claim. **Initial:** _____

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COPY OF INSURANCE CARD HERE

Vaccine Manufacturer: Novartis

Brand: Flucelvax

Expiration Date: 04/2015

Lot No: 017021A

Clinic Date: 1 October 2014

0.5ml IM RA LA

PLEASE NOTE: IT TAKES APPROXIMATELY 2-3 WEEKS FOR FULL IMMUNITY TO BE ACHIEVED AFTER VACCINE IS INJECTED



Public Health
Protect. Promote. Prevent.