

McLaren Print System Order

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Ship Location: McLaren Macomb Int. Med. Health / Dawn McPherson 37399 Garfield - Suite 106 Clinton Township, Mi 48036

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Form Number: MM-474 (71650) Form Description: Influenza Consent Form (McLaren Macomb Internal Med.) Revision Date: 8/2014 Print: 1 sided black and white Paper: 2 Part (White, Yellow) Size: 8.5 x 11 Fold: Finish: Drill: None

## McLaren Medical Group INFLUENZA CONSENT FORM

	First Name	8ec 31	Note gifte
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lephone: ()	Primary-Care Provider (PCP)		
of all individuals requesting the Re- sections to evaluate any contraindo	vaccine can safely be immunized against influenza. Please calion:	complete the	Advantag
	al this site, review with the provider. Otherwise, refer the patient a administration. Provider Signature	Time	POP.
<ol> <li>Here pix ever had a severe read Describer</li> </ol>	don to a previous influenza vaccine?	ane.	210
	Isothers, chicken or chicken dander?	alles.	i di No
8. Are you allergic to Thimeronal (a	menory derivative found in contact lens solution and Merthioletic	i d'he	a No
4. Are you aftergic to Later?		of them	210
1. Do you have a fever or active iter	est?	U Tee	10.000
6. Are you proposed?		2 Tes	2.56
7. Do you have a peak halory of Gu	Alah Bans Tyndrone?	a fee	256
8. Here you received another type in	of vaccine in the past burleen (14) dep/?	of these	a file
8 Are you under the age of eightee		d fee	350
10. Are you currently receiving blood	thinners such as countedly, aspirit- or heperin?	3 Mar.	3.60
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