

## McLaren Print System Order

Order No: 5734  
Order Date: 2014-09-11  
User: Danielle Cahoon

Ship Location: McLaren Family Care Center/Danielle Cahoon  
4482 Huron Street  
North Branch, MI 48461

Forms  
Quantity: 500  
Paragon Dept No: 65250  
Dept Name: McLaren Family Care Center-North Branch  
Company Number: 810

Order Total Price: 58.50

Form Number: MM-474  
Form Description: Influenza Consent Form  
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**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex:  Male  Female  
Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Primary Care Provider (PCP) \_\_\_\_\_

**Not all individuals responding for the vaccine can safely be immunized against influenza. Please complete the following questions to evaluate any contraindications.**  
For any YES responses, if active patient at this site, review with the provider. Otherwise, enter the patient back to their PCP.  
 I have reviewed and authorize vaccine administration. Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Have you ever had a severe reaction to a previous influenza vaccine?  Yes  No  
Describe: \_\_\_\_\_
2. Are you allergic to eggs, chicken feathers, chicken or chicken tender?  Yes  No
3. Are you allergic to Thimerosal (a mercury derivative found in some flu vaccine and Merthiolate)?  Yes  No
4. Are you allergic to latex?  Yes  No
5. Do you have a fever or other illness?  Yes  No
6. Are you pregnant?  Yes  No
7. Do you have a past history of Guillain Barre Syndrome?  Yes  No
8. Have you received another type of vaccine in the past fourteen (14) days?  Yes  No
9. Are you under the age of eighteen (18)?  Yes  No
10. Are you currently receiving blood thinners such as aspirin, aspirin or heparin?  Yes  No

Influenza vaccine is composed of dead influenza viruses and will not give you the flu. It is given by injection. As with any medication, there are risks and possible side effects/reactions. Side effects of influenza vaccine are generally mild or moderate and occur within 12 hours after vaccination and are limited to sore or redness. These reactions consist of soreness at the injection site, fever, chills, muscle aches and/or sore throat even with a flu shot/needle injection. (CDC) (2) (http://www.cdc.gov/flu)

Having received influenza vaccine information (label & V&V) and informed consent, I hereby agree to release and hold McLaren Medical Group, its employees, agents and representatives harmless from further responsibility with regard to my receiving the injection.

**I have read the above information and have had the opportunity to ask questions. I understand the benefits and risks of the influenza vaccine as described. I request the flu vaccine to be given to me or to the person named for whom I am authorized to sign.**

Signature: Patient or Authorized Representative (Relationship) \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MEDICARE PATIENTS ONLY**

I request that this provider be paid authorized Medicare benefits on my behalf for any services furnished to me. I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine those benefits for related services. I understand that I am responsible for the changes if my Medicare coverage is not appropriate. Medicare Number: \_\_\_\_\_

Patient Signature: \_\_\_\_\_  Payment to Patient  Payment to Provider

We were unable to administer your influenza vaccine today due to a contraindication. Please take a copy of this form to your primary care provider.

Site of Injection:  Right Deltoid  Left Deltoid  Right Anterolateral Thigh  Left Anterolateral Thigh

Lot # \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Given by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**INFLUENZA CONSENT FORM**  
ORIGINAL - Green COPY - Yellow