

HEALTHCHECK SERVICES, INC.

72 Fern Park Lane • Dawsonville, GA 30534 770•888•8988

VACCINE INFORMED CONSENT

Flu Shot: _____ Senior Dose Flu: _____ Pneumonia Shot: _____ Tdap Shot: _____ MMR: _____

Name: _____ Daytime Phone: _____

Address: _____

Age 18 or over: ☐ Yes ☐ No

- | | |
|---------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are you allergic to eggs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have any problems with your immune system? Guillian-Barre? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you pregnant or nursing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you currently have a cold, fever, or other respiratory illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you recently received any vaccinations or allergy shots? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you taking any prescription meds to treat the flu? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. If having a pneumonia shot, have you received one in the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

As with any medicine, there are very small risks that serious problems could occur after receiving this vaccine. However, severe reactions are rare and pose much less risk than the risks from the disease. Possible side effects associated with the vaccine that you may experience are soreness, redness, or swelling at the injection site. headache, low grade fever, nausea, and muscle aches. These symptoms usually begin 6 to 12 hours after receiving the vaccination and can persist for 1 to 2 days.

I have read or have had explained to me the information above about the flu vaccine and truthfully answered all the questions on this form. I have had a chance to ask questions which were answered to my satisfaction. As with other vaccines, vaccination does not guarantee 100% effectiveness. I believe I understand the benefits and risks of the vaccine and request that it be administered to me or to the person named below for whom I am authorized to sign. Neither HealthCheck Services nor Woodward Academy shall at any time or to any extent whatsoever be liable, responsible, or in any way accountable for any loss, injury, death or damage suffered in connection with or as a result of this vaccine program or the administration of the vaccine described above.

Signature _____ Date _____

Site: L Arm R Arm Manu: _____ Lot: _____