



# Chilhowie Drug Company

1449 East Lee Hwy  
Chilhowie, VA 24319

Phone : (276) 521-0491 Fax : (276) 521-0496

## Immunization Vaccine Consent Form

DATE :	PATIENT NAME:	DATE OF BIRTH:
<input type="checkbox"/> CHECK IF YOU HAVE RECENTLY FILLED A PRESCRIPTION AT THIS LOCATION; SKIP TO QUESTIONNAIRE		PHONE:
ADDRESS:		
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY:	STATE:	ZIP:
PRIMARY CARE PHYSICIAN:		<input type="checkbox"/> INSURANCE <input type="checkbox"/> CASH
**please provide card to pharmacy		

FLU VACCINE QUESTIONNAIRE	Yes	No	NOTES
1. Are you currently ill or do you have a fever?			
2. Have you been sick in the last 2 weeks?			
3. Have you had a reaction to any vaccination in the past?			
4. Do you have an allergy to eggs or dairy products?			
6. Do you have allergies to any medications, any vaccines or vaccine component?			
5. Are you currently immune-compromised?			
6. Have you received any other vaccinations within the past 4 weeks?			
7. Do you have a bleeding disorder?			
8. Are you pregnant?			
9. Do you have a history of Guillain-Barré syndrome?			
10. Are you aged 65 years and over? (High Dose-Fluad Quad Vaccine available)			

I, the undersigned, **consent** to have the influenza vaccination and declare that I have:

- Read and understood the influenza vaccine factsheet provided to me (including possible side effects of the vaccination)
- Had the opportunity to discuss medical concerns with my vaccination provider
- Responded to the questions above to the best of my ability and the answers to them are true and accurate

I consent to be vaccinated with the influenza vaccine and /or I consent for my child to be vaccinated.

Signed Patient or Guardian..... Date .....

### ~~~~~ FOR ADMINISTRATIVE USE ONLY ~~~~~

Influenza Vaccine			Injection Site	Date Administered	Name of Vaccine Administrator
<input type="checkbox"/> <b>AFLURIA QUAD</b> Seqirus 0.5ml Lot # P100239702 Exp: 5/19/21			<b>R / L</b> <b>Deltoid</b>		
<input type="checkbox"/> <b>FLUCELVAX QUAD</b> Seqirus 0.5ml Lot # 283848 Exp: 6/30/21			<b>R / L</b> <b>Deltoid</b>		
<input type="checkbox"/> <b>FLUAD QUAD (HIGH DOSE)</b> Seqirus 0.5ml Lot # 279803 Exp: 06/30/21			<b>R / L</b> <b>Deltoid</b>		
Vaccine/ Manufacturer	Dose	Lot Number Exp Date	Injection Site	Date Administered	Name of Vaccine Administrator