

Riverside Pediatrics 2022 Flu Clinic

**PLEASE PRINT AND COMPLETE BEFORE
ARRIVING IN ORDER TO RECEIVE A FLU SHOT.**

2022 Injectable Influenza Vaccination

Patient First Name _____ Patient Last Name _____

DOB ____/____/____

Parent/Guardian contact phone number: _(____) _____ - _____

- Please arrive at exact scheduled time
- Do not get out of the car.
- Anyone over the age of 2 please have a mask or face covering on.
- Children – come in shorts & appropriate length sleeves - short sleeves/tank tops

The following questions will help us determine if you can get the 2022 Seasonal Influenza Vaccine. Please mark YES or NO for each question. If you answer "YES" to one or more of the following questions you may not be able to receive the 2022 Influenza Vaccine.

- | | | |
|--|-----|----|
| 1. Is the person to be vaccinated sick today? | YES | NO |
| 2. Does the person to be vaccinated have an allergy to a component of the vaccine? | YES | NO |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | YES | NO |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome? | YES | NO |

If patient is a minor & you are not the parent/guardian of the child, we need a written note from the parent/guardian to administer the Flu Vaccine.

Form Completed by – PLEASE PRINT

Signature of Patient or Parent/Guardian

Date

FOR OFFICE USE ONLY

INFLUENZA VACCINE LOT # _____

ADMINISTERED (IM) Left Arm Rt Arm / Left Thigh Rt Thigh DOSE: 0.50

Given by _____
(Please print - first initial, last name, title)