

# CORNER MARKET & PHARMACY, INC.

SEASONAL INFLUENZA CONSENT FORM					
<i>Last Name</i>		<i>First Name</i>			<i>MI</i>
<i>Phone Number</i>		<i>D/O/B</i>		<i>Age</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Street Address (include Apt# if applicable)</i>		<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Email Address</i>		<i>Physician's Name</i>			
HEALTH INSURANCE INFORMATION (IF AVAILABLE)					
<i>ID#</i>		<i>RXBIN#</i>	<i>Insurance Name:</i>		
<i>RXGRP#</i>		<i>PCN#</i>	_____		
SCREENING FOR FLU VACCINE ELIGIBILITY					
<i>I would like to receive:</i> <input type="checkbox"/> <i>Injectable</i>					
<b>1. Any serious allergy to eggs?</b>				<b>YES</b>	<b>NO</b>
<b>2. Ever had a serious reaction to previous dose of flu vaccine that required medical attention?</b>				<b>YES</b>	<b>NO</b>
<b>3. Ever had Guillain-Barre Syndrome (temporary severe muscle weakness) after receiving flu vaccine?</b>				<b>YES</b>	<b>NO</b>
<b>4. Any allergy to Thimerosal or Latex?</b>				<b>YES</b>	<b>NO</b>
DO NOT WRITE BELOW THIS LINE UNTIL YOU APPEAR FOR YOUR SHOT					
VACCINE ADMINISTRATION RECORD & WAIVER OF LIABILITY					
<p>I have read or have had explained to me the information provided about influenza and influenza vaccine. I have had an opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to sign. I hereby release <i>Corner Market &amp; Pharmacy</i> from any and all liability associated with the administration and potential side effects of the vaccine.</p> <p>This record is evidence and/or documentation that you have received the flu vaccine, and it will be filed with <i>Corner Market &amp; Pharmacy</i>. We will record what vaccine was given, when the vaccine was given, where the vaccine was given, the name of the company that made the vaccine, the vaccine's lot number, and the name and title of the person who gave the vaccine.</p> <p>I certify that I have received and/or reviewed a Notice of Privacy Practice provided by <i>Corner Market &amp; Pharmacy</i>.</p>					
CLIENT'S SIGNATURE: _____			DATE: _____		
FOR ADMINISTRATIVE USE ONLY		DATE VIS GIVEN: _____		VIS DATE: _____	
VACCINE	DATE GIVEN	ROUTE		MFR	LOT NO:
		<u>INTRAMUSCULAR</u>			
FLU QUAD		LEFT	RIGHT	SANOFI	
FLU HD		LEFT	RIGHT	SANOFI	
<b>SIGNATURE OF VACCINE ADMINISTRATOR</b>					