

**Katterman's FLU VACCINE IMMUNIZATION INFORMATION**

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**LAST NAME****FIRST NAME****ADDRESS****CITY****STATE****ZIP****(Preferred) CELL PHONE****BIRTH DATE (mm/dd/yyyy)****GENDER****INSURANCE INFORMATION (select one)** Medicare ID # \_\_\_\_\_ Private Pay Commercial Insurance

RX BIN \_\_\_\_\_ RX PCN \_\_\_\_\_

Group \_\_\_\_\_

ID # \_\_\_\_\_

**INFLUENZA VACCINE OPTIONS (select one)**

- Influenza (6 months and up)  
 Flumist Intranasal (2-49 years, check availability)

 Influenza (65 years and up)**PRECAUTIONS AND CONTRAINDICATIONS**

1. Are you sick today? Y/N  
 2. Do you have allergies to any medications or vaccines? Y/N  
 Allergies: \_\_\_\_\_  
 3. Are you allergic to latex? Y/N  
 4. Have you ever had a serious reaction after receiving an immunization? Y/N  
 5. Have you ever fainted or felt dizzy after receiving an immunization? Y/N  
 6. For women: Are you pregnant or is there a chance you could become pregnant during the next month? Y/N

7. Do you have a history of Guillan-Barre Syndrome? Y/N  
 8. Have you received any vaccinations in the past 4 weeks? Y/N  
 9. Have you taken any influenza antiviral medication in the past 48 hours? Y/N  
 10. Are you allergic to eggs? Y/N  
 11. Do you have asthma, COPD or history of wheezing in the past 12 months? Y/N

**ADVERSE REACTIONS**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm or death is extremely small. Symptoms at the site of injection may include: slight tenderness, redness, itching or swelling. Systemic symptoms may include: a very small increased risk of Guillain-Barre Syndrome (GBS) after inactivated influenza vaccine, a possible increase risk of seizure caused by fever in children who receive the inactivated influenza vaccine along with the pneumococcal vaccine (PCV13) and/or DTaP vaccine, fainting after vaccine administration, and a remote chance of severe allergic reaction, other serious injury or death. In the case of a severe reaction such as a high fever, behavior changes or flu-like symptoms that occur after vaccination, see our medical provider right away. Signs of an allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness within a few minutes to a few hours after the vaccination.

I have read the adverse reactions associated with the administration of influenza vaccines. A copy of the vaccine manufacturer's drug information sheet is available on request. Furthermore, I have also had an opportunity to ask questions about the immunization. I believe the benefits outweigh the risks and I voluntarily assume full responsibility for any reactions that may result from either my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal guardian ("Ward").

PATIENT/GUARDIAN NAME (Print)

PATIENT/GUARDIAN SIGNATURE

DATE