

BLOOMFIELD PEDIATRIC CARE
43205 Woodward Ave
Bloomfield Hills, MI 48306
Telephone (248) 451-0600
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Influenza Vaccination Informed Consent

Name of Patient

Birthdate

1. Have you ever had an allergic reaction to eggs?

Yes No Not Sure

2. Are you sick right now with something other than a cold?

Yes No Not Sure

3. Have you ever had a "bad reaction" to the influenza vaccination?

Yes No Not Sure

4. Are you pregnant?

Yes No Not Sure

I have read the "Influenza Vaccination Facts" and would like to receive the influenza vaccination.

Patient's/Parent's Signature _____

Date _____

