



## Preventive Cardiology & Internal Medicine Associates, P.L.

### Vaccine Authorization/consent (Please Read Carefully)

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance name: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Flu and other vaccines cannot prevent all cases of flu or other diseases, but **it is the best defense against the disease**. The Flu vaccine is the best protection against the flu and its complications. With a vaccine, like any medication, there is a chance of side effects, however these are usually mild and go away on their own. Allergic reaction and other problems from a vaccine are very rare. Problems that could happen after any vaccine are fever, hoarseness, cough, body-aches, headaches, itching, fatigue, dizziness, runny nose, wheezing, abdominal pain, shoulder pain/soreness, redness or swelling at injection site. If these problems occur, they usually begin soon after the shot lasting 1-2 days and go away on their own. If you see signs of a severe allergic reaction, please call 9-1-1 and for other signs that concern you, call your health care provider.

Have you ever had Guillian-Barre Syndrome (severe-paralyzing illness)? \_\_\_\_\_

Have you ever had long-term heart, breathing, kidney, liver, or nervous system problem? \_\_\_\_\_

Do you have a severe allergy to egg-protein? \_\_\_\_\_

Have you had any severe or life-threatening allergic reaction in the past to Flu or any other vaccine? \_\_\_\_\_

\* If yes, what kind of problems/reaction? \_\_\_\_\_

**Please consult physician before taking any vaccine if you answered yes to any of the above questions.**

**My signature represents that I have read the above and give my authorization to perform the appropriate procedures and administration of the vaccine.**

\_\_\_\_\_  
Vaccine name

\_\_\_\_\_  
Administered By (staff signature)

\_\_\_\_\_  
Patient/Guardian signature

\_\_\_\_\_  
Date