

Tenaflly Pediatrics, PA

Influenza Questionnaire:

If you answer YES to any of the following questions you do NOT qualify to receive Influenza shot.

- | | | |
|---|-----|----|
| * Are you severely allergic to eggs? | Yes | No |
| • Do you have a history of Guillain-Barre syndrome? | Yes | No |

Influenza Vaccine Waiver

I understand that by signing this waiver that I am agreeing to receive the Influenza vaccine from Tenaflly Pediatrics and have truthfully filled out the risk factor questionnaire before receiving the vaccine. Regardless of whether or not my health insurance will reimburse for the Flu Vaccine, I am requesting these services at my own expense and will not file this claim with insurance for reimbursement. I am responsible for payment of \$40 at the time the flu vaccine is administered.

Signed: _____

Date: _____

Influenza Lot #: _____

VIS given: _____

Exp. Date: _____

Date administered: _____

Administered by: _____

Questionnaire passed: yes no

Paid: \$40

Cash CC Check# _____