M&S PHARMACY

FLU SHOT HIGH DOSE SCREENING AND CONSENT FORM

High dose is recommended for individuals 65 and older

Last Name:		**First Name:**	
Mailing Address:	**City:**	**State:**	**Zip:**
Contact Phone:	**Gender:**	**DOB:**	**Age:**
Primary Care Physician:		**PCP Fax:**	
Social Security Number:			

INSURANCE

Insurance Provider:	**ID Number:**	
BIN:	**Group:**	**PCN:**
Medicare Part B ID Number (Red/White/Blue Card):		

SCREENING QUESTIONAIRE

	Yes	No
1. Do you feel sick or have a fever today?		
2. Have you ever had a serious reaction to any vaccine including the flu vaccine?		
3. Have you had any other vaccines in the past 4 weeks?		
4. Do you have any allergies to eggs, latex, vaccine component (e.g. neomycin, formaldehyde, gentamicin, thimerosal, bovine protein, phenol, polymyxin, gelatin, baker's yeast or yeast)?		
5. Do you have a chronic health condition such as: *heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes), asthma, or a blood disorder*?		
6. Have you ever had a seizure disorder for which the patient is on seizure medication(s), a brain disorder, Guillain- Barré Syndrome (a condition that causes paralysis) or other nervous system problem within 6 weeks of receiving the flu vaccine?		
7. *For women*: Are you pregnant or considering becoming pregnant in the next month?		

Patient/Parent Signature: _____ **Date:** _____

BELOW TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY			
NDC:	**LOT:**	**MANUFACTURER:**	
EXP DATE:	**VIS DATE: 08/15/2019**	**SITE: LA RA**	**DOSE: 0.5ml**
PHARMACIST SIGNATURE:			**DATE: 10/21/2021**

Must fax to **Dr. Stephanie Han (Fax: 678-221-5814)** within 24 hours of admin & to PCP within 7 days.

By Signing: I certify that I am the patient and at least 18 years of age or the legal guardian of the patient. Furthermore, I give the consent to the healthcare provider at M&S pharmacy to administer vaccines at my request. I understand the risk and benefits of the vaccine and have received the Vaccine Information Statement and have had all my questions and concerns answered.