ExpressMed Medical Clinics, PLLC

Concord Mills in front of the **Mall/AMC Theatres** by Auto Bell
8520 Pit Stop Court, Ste 30, Concord, NC 28027 **704-979-8765**
NorthLake Village at I-77 –Exit 18 by Staples
7004 Smith Corners Blvd., Ste A, Charlotte, NC 28269 **704-688-9650**

2010 – 2011
INFLUENZA VACCINE CONSENT FORM

Please answer the following questions and information below:

1. Have you ever had a flu shot before? Yes or No
2. Are you allergic to eggs? Yes or No
3. Are you currently taking an antibiotic for infection? Yes or No
4. Do you feel ill today or do you have a fever? Yes or No
5. If you are female, are you pregnant? Yes or No
6. Have you ever had Guillain-Barre Syndrome? Yes or No

I hereby certify that the foregoing history is true and complete to the best of my knowledge. I understand the benefits and the risk of the influenza vaccine and request hat the vaccine be given to me.

Information about the person receiving the vaccine (please print)

Last Name: First: MI:

Address:

City: State: Zip:

Telephone: (h) Telephone: (cell)

Birthdate: (mm/dd/yy) Age: Email:

Signature:

********** *For Clinic Use Only* **********

Date Vaccinated:

Manufacturer: ID Biomedical Corp of Quebec Lot #: AFLLA594BA

Expiration Date: June 2011 Site of Injection: R / L Deltoid

Signature and Title of Vaccine Administrator: