BREA Urgent CARE INC.
395 W. Central Avenue, Brea, CA 92821
www.BreaUrgentCare.com

HOURS:
Mon - Fri: 8am - 8pm
Sat & Sun: 8am - 6pm
714.494.2828
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INACTIVATED INFLUENZA VACCINE CONSENT FORM

PLEASE PRINT THE FOLLOWING INFORMATION:

Last Name | First Name | Date of Birth | Age

Address | City | State | Zip Code

Male Female

Home Phone | Cell Phone | Sex (circle) | email address

Please answer the following questions. Check one per questions.

Are you sick or do you have a high fever today? Yes ☐ No ☐
(If yes, you should not receive vaccine)

Have you ever had Guillain-Barre Syndrome? Yes ☐ No ☐
(A viral illness resulting in neurological symptoms including paralysis)

Have you ever had a severe allergic (anaphylactic) reaction to eggs? Yes ☐ No ☐

Have you ever received a flu shot before? Yes ☐ No ☐
If yes, did you have an allergic reaction to it? Yes ☐ No ☐

Consent and Release Statement

I have read or have had explained to me the above information and received a copy of the Vaccine Information Statements for the Influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Influenza vaccine and request that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

Signature of person to receive vaccine (parent/guardian of minor) Date

FOR CLINIC USE

Influenza	date given	Manufacturer/Lot No.	Exp Date	Site	Route	Dose	Admin By