

**Pediatric Health Associates, P.C.**

**FLU VACCINE HISTORY  
FOR NON-PHYSICIAN VISIT**

Parents Must Complete the Following:

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address \_\_\_\_\_, City \_\_\_\_\_, Zip \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

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**Diagnosis Code = Z23**

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1. Have you ever had:
- A serious allergic reaction to egg or egg products (hives, swelling of the lips or tongue, difficulty breathing, shock)? YES NO
  - A serious allergic reaction to a previous flu vaccine? YES NO
  - Guillain-Barré Syndrome GBS – a serious neurological condition. YES NO
2. Are you currently sick ? YES NO
3. Do you have asthma? YES NO
4. Are you taking Aspirin or aspirin-containing medications? YES NO
5. Are you known or suspected to be immunocompromised (low immunity to fight diseases?) YES NO
6. Is there any possibility that you are pregnant or breastfeeding? YES NO
- N/A

If you have answered "yes" to any of the above questions the clinical staff member must consult with a physician and obtain a specific written order before the vaccine can be administered. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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90686 - Flu Shot: Sanofi Pastuer – **Preservative Free** Product Lot# \_\_\_\_\_ Exp. \_\_\_\_\_

90688 - Flu Shot: Sanofi Pastuer –Product Lot# \_\_\_\_\_ Exp. \_\_\_\_\_

Date Administered: \_\_\_\_\_ By: \_\_\_\_\_

**Pediatric Health Associates, PLLC.**  
**FLU VACCINE WAIVER: PARENT**

Parents Must Complete the Following:

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address \_\_\_\_\_, City \_\_\_\_\_, Zip \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Phone # \_\_\_\_\_  
Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

**Diagnosis Code = Z23**

Pediatric Health Associates, P.C. is a non-participating provider with your insurance company for these services. Regardless of whether or not your health insurance will reimburse for the Flu Vaccine, you are requesting these services at your own expense. You will be responsible for payment at the time the flu vaccine is administered. All of us highly endorse the influenza vaccines.

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(If you have answered "yes" to any of the above questions the clinical staff member must consult with a physician and obtain a specific written order before the vaccine can be administered.) \_\_\_\_\_

\_\_\_\_\_  
Signature Date

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