



REAGAN MEDICAL CENTER

Family Medicine, Urgent Care & Diagnostic Center

Flu Consent Form

Patient's full name: _____

Patient's date of birth: _____

Patient's address: _____

City, State, Zip Code: _____

Mobile phone: _____ Home phone: _____

Emergency Contact name and phone _____

I attest to the following statements:

1. At the present time I am without fever and I am not experiencing any flu like or upper respiratory type symptoms.
2. I am not allergic to eggs or egg products.
3. I have not had an allergic reaction to the influenza vaccine in the past.
4. I do not have diseases that inhibit my immune system.
5. I am not taking drugs that suppress my immune system.
6. I am not pregnant.
7. I agree to wait 15 minutes after I receive my influenza vaccine.

I have thoroughly read and agree with all the statements listed above. I hereby authorize the medical staff of Reagan Medical Center to administer Influenza vaccine to me. I release Reagan Medical Center, it's affiliates and/or agents of all liabilities that may arise by signing below.

Signature: _____ Date: _____

We will have this form ready at the office for you to sign and date, when you arrive

THIS AREA IS FOR OFFICE PERSONNEL ONLY

Temp: _____ Symptom free: Yes or No Influenza lot # _____

Expiration Date: _____ Location of Injection: _____ R deltoid ____ L deltoid ____

Time of Injection: _____ Reaction: Yes or No Administered By: _____

- 2878 Five Forks Trickum Rd, Lawrenceville, GA 30044. Tel: 678-344-8700
- 2696 Lawrenceville-Suwanee Rd, Suwanee, GA 30024. Tel: 770-771-5570
- 3685 Braselton Hwy, Dacula, GA 30019. Tel: 678-546-9800
- 289 Grayson Highway, Lawrenceville, GA 30046. Tel: 770-771-5560
- 10160 Medlock Bridge Rd, Johns Creek, GA 30097. Tel: 678-387-1600
- Diagnostic Center: Lawrenceville, GA 30044. Tel: 678-221-8000

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