



# 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

Fax (all locations) 678-344-8600      [www.rmc.md](http://www.rmc.md)