Green Brook Family Medicine 328 GREENBROOK ROAD, GREEN BROOK, NEW JERSEY 08812 (732) 356-0266

Influenza Vaccine Administration Checklist

Name:_____ Date of Birth:_____ M ☐ F ☐

Address:_____ Phone:_____

City, State:_____ Zip: _____

1) Are you severely allergic to eggs, latex, or Thimerosal (contact lens solution?) YES ☐ NO ☐
2) Are you currently sick with a fever? YES ☐ NO ☐
3) Are you pregnant? YES ☐ NO ☐
4) Have you ever had a serious reaction after a vaccine? YES ☐ NO ☐
5) Do you have a history of Guillain-Barre Syndrome? YES ☐ NO ☐

I have been offered the Vaccine Information Sheet about the Influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. As with any other vaccine, vaccination does not guarantee 100% effectiveness. I believe I understand the benefits and risks of the vaccines and request that it / they be given to me or the person named below for whom I am authorized to sign.

I request that payment of authorized Medicare and/or Insurance benefits be made to Ronald M. Frank, MD PA D/B/A Green Brook Family Medicine for this service. I authorize release of medical or other information to process this claim.

Patient Signature _____ **Date**:_____

0.5ml IM RA LA

0.5ml IM RA LA

_____Debbie DeJesso, LPN _____ Heather Scales, CMA
_____ Kim Grausso, LPN _____ Lorena Olea, CMA
_____Sean M. Cook, MD _____ Ronald M. Frank, MD
_____ Jean Kannaley, CMA _____ Clair Carragino, APN
_____Allyssa Finer, APN _____ Betty Reyes, CMA