Blue Fish Pediatrics **Influenza Vaccine Consent Form** Blue Fish Pediatrics

Name:_____ Date of Birth: ____/___/___
First Last M D Y

Primary Doctor: **Arter / Eaton / Finn / Wurzel**
(circle one)

If the answer to any of the following questions is "Yes", please let us know immediately.

1.	Does your child have a fever? (If there are mild viral symptoms and temperature is 100 or below, the shot may be given. People on antibiotics can receive the vaccine.)	**Y / N**
2.	Does your child have a history of Guillain-Barre Syndrome?	**Y / N**

I have been given a copy & have read, or had explained to me, the information in the "Vaccine Information Statement(s)" where applicable, for the vaccine(s) indicated below. I have had a chance to ask questions & had them answered to my satisfaction. I understand the benefits & risks of the vaccine(s) requested & ask that the vaccine(s) currently due for which I have signed below be given to me or to the person named above for whom I am authorized pursuant to Section 431.058. RSMo to make this request.

Signature:_____ Today's Date:_____

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