



**Influenza Immunization Authorization Form
Apple-a-Day Pediatrics**

Patient Name : _____

Date of Birth: _____

Dr. Name: Dr. James Webb / Dr. John Webb

VACCINE	DATE	LOT # / MANUFACTURER	EXPIRES	SITE GIVEN	ADMIN BY
Influenza Preservative Free, Quadrivalent					

Please check yes or no:	Yes	No
Is the patient feeling ill today?		
Does the patient have any egg allergies?		
Has the patient ever had a reaction to a flu vaccine?		
<i>Patient 6 mo - 8 yr:</i> Has the patient previously received two or more flu shots in their lifetime?		
<i>Female patient:</i> Is the patient pregnant?		

I consent for my child to receive the influenza vaccine

PARENT SIGNATURE: