WPG STANDING ORDER SHEET FOR INJECTABLE FLU VACCINE ADMINISTRATION (2011-2012)

YOU MUST BE A PATIENT OF WILLOWS AND SHOW A VALID INSURANCE CARD OR BE PREPARED TO PAY AT TIME OF SERVICE.

Patient Name:_____ DOB:_____ Age Today:_____
(one sheet per child) First Last
Has your child ever had a flu shot? YES / NO

Guarantor Name:_____
(Adult's name who holds the insurance coverage)
Primary Provider in Office:_____

****If someone other than a Parent/Guardian is bringing a child in for the flu vaccine a written note giving permission to give the vaccine signed by a parent will be required to allow for administration.****

PLEASE CHECK REASON FOR GETTING THE FLU SHOT:

- ○ Child 6 months or older otherwise healthy
- O Household contacts of children <6 months old
- O Child 6 months old or older with underlying illness:
  - o Disorder of cardiac system: _____
  - o Disorder of pulmonary system: _____
  - o Chronic asthma
  - o Immunosuppressed
  - o Diabetes
  - o Renal Dysfunction
  - o Hemoglobinopathies
  - o HIV
  - o Receiving long term aspirin therapy

Other illness or reason not above: _____

Following are reasons why you can NOT receive the Injectable Flu Vaccine at this time:

1. serious allergy or hypersensitivity to egg, streptomycin, latex
2. acutely ill (respiratory illness, fever illness, active infection)
3. active neurological disorder
4. on acute course of oral steroids – reschedule for one week after last dose
5. ok to give if on chronic steroids, but protection might not be as complete

************************Below to be signed at time of service when in office************************
PARENT/PATIENT please sign below that you have read the above, been given the Vaccine Information Statement and have none of the reasons listed for NOT getting the flu shot today. Therefore you give Willows Pediatric Group permission to administer the injectable flu vaccine.

If your child is between 6 months and 9 years of age, *please check our website for criteria regarding need for second immunization.*

_____ _____ _____
Signature Relation to Patient Date

Flu Shot Administration Information:
Manufacturer = Aventis Exp.= 30 June 2012 Lot# U4122AA
Lot# UH438AA
Lot# UT425AA
Lot# UT4114AA

Dosage Given: .25ml / .50ml
Site Given _____

Administration By: _____