

PRIME HEALTHCARE

Gastroenterology

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Internal Medicine

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Influenza Vaccine Administration Consent 2020 - 2021

Your provider will keep this record in your medical file. The name of the vaccine, the date the vaccine was given, the manufacturer and the lot number will be recorded in your medical chart, as well as the signature and the title of the person administering the vaccine.

Have you ever had a severe reaction to a flu shot? Yes _____ No _____

Do you have a fever? Yes _____ No _____

Have you ever had a serious allergic reaction to eggs? Yes _____ No _____

Do you have a history of Guillian-Barre Syndrome (a rare neurologic disorder)? Yes _____ No _____

"I have been given the CDC Vaccine Information Statement published 08/15/2019. I have had the chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me."

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

Signature: _____

For Office Use:

Office Address: ___ 44 Dale Road - Avon, CT 06001

___ 1007 Farmington Avenue - West Hartford, CT 06107

Fluzone High-Dose Sanofi NDC 49281-120-65 Lot# _____ Exp: _____

Fluzone Quadrivalent Sanofi NDC 49281-420-50 Lot # _____ Exp: _____

Date Vaccine Administered: _____ Injection Site: _____

Signature & Title of Vaccine Administrator: _____