

MACKEY FAMILY PRACTICE, PA
1025 W. Meeting St., Ste. 200
Lancaster, SC 29720

PATIENT INFORMED INFLUENZA CONSENT FORM

NAME (PLEASE PRINT):---- _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE NUMBER: _____ DATE OF BIRTH: _____

Some people should not be vaccinated. Contradictions include severe allergy to eggs (vaccine influenza is grown in hens' eggs) or any other vaccine component (i.o., thimerosal, a mercury-containing organic compound widely used a preservative in many biological and drug products, including certain vaccines and contact lens solutions) and having moderate or severe illness with fever at time of vaccination (not including minor illness). Talk to a doctor before being vaccinated if you are allergic to eggs or other vaccine components, have ever had an allergic reaction to a flu shot or similar vaccine, or developed Guillain-Barre syndrome (GBS), a severe paralytic illness, within six weeks of getting a flu shot in the past. The vaccine is not approved for children under six months old. Note that if your immune system is compromised by illness at the time of vaccination your body may not be able to respond as it should to build up antibodies for protection against the flu. An injection of flu vaccine will NOT give you the flu. The most common side effect of the flu shot is soreness at the injection site, which can last up to two days but does not usually affect an individual's ability to perform normal daily activities. Some people, usually children and others who have not been exposed to the influenza viruses before, may notice "mild" flu-like symptoms, such as fever, malaise, and muscle weakness, after receiving a flu shot. Symptoms usually start 6 to 12 hours after vaccination and can last up to two days. Less common side effects include allergic reactions and Guillain-Barre syndrome (GBS). Life-threatening allergic reactions, which usually occur immediately, are very rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased incidence of GBS. Since then, the risk is estimated to be very low at one to two cases per million vaccinated, which is much less than the risk of getting the flu. If a reaction occurs, contact your primary care physician immediately. If there are any questions, please ask.

1. Have you had a flu shot before? Yes No
2. Are you allergic to thimerosal, eggs or egg products? Yes No
3. Have you ever had an allergic reaction to flu or other vaccine? Yes No
4. Is there a chance you are pregnant? Yes No
5. Are you currently sick with fever (does not include minor illnesses)? Yes No
6. Do you have a history of Guillain-Barre Syndrome? Yes No

The flu shot is considered safe for pregnant women over 12 weeks, breastfeeding women and their infants and is recommended for women who will be pregnant during flu season since they are at risk for flu-related complications

I have received and read the informed consent for the flu vaccination and I wish to receive and have had the opportunity to ask questions. I accept that services might be rendered in a non-private setting. I hereby consent to the administration of the flu vaccine. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, Mackey Family Practice and their employees, owners and representatives, as well as the company sponsoring this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this program. I will communicate the information provided to me today about my vaccination to my primary care provider if I have one.

Signature: _____ Date: _____

Below is a list of the insurance plans that Mackey Family Practice will file for the 2022-2023 flu shot. Only complete the insurance portion that applies to your plan. The insurance we file must be your PRIMARY insurance. If you do not have one of these insurance plans, the cost of the flu shot is \$25.

Name: _____ Date of Birth: _____

SC State BCBS ID#: _____

If you are a Spouse/Dependant, please list the card holder's name and DOB.

Name: _____

Date Of Birth: _____

Medicare (If you do not have Medicare Advantage Plan) ID#:

United Healthcare ID #: _____

Cigna Healthspring ID #: _____

Humana Medicare Advantage ID#: _____

BCBS Medicare Advantage ID#: _____

Aetna Medicare Advantage ID#: _____

Wellcare Dual Medicare Advantage ID: _____

****PLEASE NOTE: We do NOT accept Medicaid!****