

McLaren Print System Order

Order No: 5742
Order Date: 2014-09-11
User: Deborah Rodriguez

Ship Location: Mclare -Lapeer Region - Metamora CMC Debbie Rodriguez
809 West Dryden Rd
Metamora , mi 48455

Forms
Quantity: 100
Paragon Dept No: 65150
Dept Name: Metamora Admistration
Company Number: 810

Order Total Price: 11.70

Form Number: MM-474
Form Description: Influenza Consent Form
Revision Date: 8/2014
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group
INFLUENZA CONSENT FORM
Last Name, First Name, Sex, Address, City, State, Zip, Telephone, Primary Care Provider (PCP)
Read all instructions regarding the flu vaccine...
1. Have you ever had a severe reaction to a previous influenza vaccine?
2. Are you allergic to eggs, chicken feathers, chicken or chicken tender?
3. Are you allergic to Thimerosal (a mercury derivative found in some flu vaccine solutions and Miltivacine)?
4. Are you allergic to latex?
5. Do you have a fever or other illness?
6. Are you pregnant?
7. Do you have a past history of Guillain Barre Syndrome?
8. Have you received another type of vaccine in the past fourteen (14) days?
9. Are you under the age of eighteen (18)?
10. Are you currently receiving blood thinners such as coumadin, aspirin or heparin?
FOR MEDICARE PATIENTS ONLY
I request that this provider be paid authorized Medicare benefits on my behalf for any services furnished to me...
Site of Injection: Right Deltoid, Left Deltoid, Right Anterolateral Thigh, Left Anterolateral Thigh
Lot #, Manufacturer, Expiration Date
Given by, Date, Time
INFLUENZA CONSENT FORM