

Pegasus Home Health Care, Incorporated

Informed Consent for Influenza and /or Pneumonia Vaccine

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|---|-----|----|
| 1. Have you ever had a flu shot before? | Yes | No |
| 2. Do you have any allergies to eggs, chicken feathers, or Timersol (In contact lens solution), that causes swelling, hives, or shortness of breath? | Yes | No |
| 3. Do you presently have an active (acute) respiratory or other infection, or have you had an elevated temperature in the last 48 hours? | Yes | No |
| 4. Have you ever had Guillian-Barre syndrome? | Yes | No |
| 5. Are you pregnant (in the first trimester)? | Yes | No |
| 6. Have you had a serious reaction to flu vaccine before? | Yes | No |
| 7. Have you received other immunizations in the past two weeks (excluding allergy shots)?
If you answered yes to this question which arm was injected? R € L €
(We will need to use the opposite arm for the flu vaccine) | Yes | No |
| 8. Do you have a neurological disorder that is worse than usual today, or pending Splenectomy, or are you on Chemotherapy? | Yes | No |

I understand and accept the possible side effects of the vaccine(s) which include, but are not limited to: tenderness, redness, swelling of the injection site with associated arm discomfort, and/or fever low grade or aches for 1-2 days. I have had a chance to speak with a nurse and ask questions that were answered to my satisfaction. I agree that Pegasus Home Health Care shall have no responsibility or liability and shall be held harmless if I contract any illness or suffer adverse reaction of any kind following the administration of the vaccine.

I have read the above statement and been given a copy of the CDC Influenza Vaccine information guide (titled: "Questions and Answers") and/or the CDC PPV Vaccine Guide (titled: "Frequently Asked Questions about Pneumococcal Polysaccharide Vaccine"). I understand all of the terms and conditions as outlined above, and further agree by affixing my signature below that I shall not hold liable Pegasus Home Health Care for any harm that may be caused by my receiving a vaccine, and waive any claim for damages that I (or anyone on my behalf) may have against Pegasus Home Health Care, it's directors, employee, or agents on account of any misfortune or injury I may suffer as a result of a vaccination. I agree to receive the influenza and/or pneumonia vaccine from Pegasus Home Health Care.

I have received / been offered a copy of Pegasus' Notice of Privacy Practice. _____ **(initial)**

I certify that all Medicare information given to Pegasus Home Health Care is true and accurate and I authorize Pegasus Home Health Care to request and accept payment on my behalf. I agree to assume responsibility if Medicare B is not my primary insurance and my claim is rejected by Medicare. _____ **(initial)**

Information about person to receive vaccine		
Last Name:	First Name:	MI:
Address:		Telephone #:
City:	State:	Zip:
DOB:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
		Medicare #: (If applicable)
Signature of Person To Receive Vaccine (or legal guardian):		Date:

=====INTERNAL USE ONLY=====

Manufacturer Flu Vaccine: _____ Lot: _____ Exp. Date: _____

Manufacturer PPV: _____ Lot: _____ Exp. Date: _____

Flu Vaccine 0.5 ml IM given in: RIGHT LEFT Deltoid PPV Vaccine 0.5 ml IM given in: RIGHT LEFT Deltoid

Given by: _____