
INFLUENZA VACCINE CONSENT FORM

Recipient First Name

Last Name

Street Address

City

State

Postal Code / Zip Code

1. **PERMISSION:** I hereby request

to administer to me or my dependent a vaccine known as the influenza vaccine.

2. **EXPLANATION OF RISKS, BENEFITS/ OPPORTUNITY TO ASK QUESTIONS:** I have received and have read the Vaccination Information Statement provided to me as well as the information regarding the presence of thimerosal and understand the findings of the FDA, and Dr. Nataloni has also fully explained to me in person the nature and purpose of the vaccine and the expected risks, benefits and complications. I have been given an opportunity to ask questions and all my questions have been answered to my satisfaction.

3. **NO GUARANTEE:** It has been explained to me that no positive assurance, representation, guarantee, warranty (express or implied) of the vaccines totally efficiency or effectiveness can be or will be given. Nevertheless, in the judgment of medical science, the risk of developing influenza can be considerably minimized by the administration of the vaccine.

4. **VOLUNTARY PARTICIPATION:** I acknowledge that Dr. Nataloni is providing the Influenza Vaccine at my specific request. I have been informed that I am not required to receive such vaccine, and that I am free to refuse to accept such vaccine if I so desire.

5. **HOLD HARMLESS:** In consideration of Dr. Nataloni providing me with the Influenza Vaccine, I hereby release and hold harmless Nataloni Pediatrics, PC, its members, directors, staff, agents and employees from any injury or loss which I may suffer as a result of my acceptance of the administration of the vaccine.

6. **REACTIONS:** If anyone receiving the Influenza Vaccine becomes ill and needs to visit a physician, hospital or clinic in the four (4) weeks following the vaccination, please report this to Dr. Nataloni at 631-476-7676

7. **UNDERSTANDING OF THIS FORM:** I confirm that I have read and that I fully understand this form and that all the blank spaces above have been completed prior to my signing.

Parent/Legal Guardian Name

Patient/Legal Guardian Signature: _____

Date: