Last Name: Address: City: Phone: Birthdate: Birthdate: M M D D Y Y Y Y Femployee ID: For recipients 18 years of age and under only: Mother's Maiden Name: Precautions and Contraindications: Please check YES or NO for each question. 1. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to eggs and/or egg products? 3. Are you allergic to Thimerosal (used as a preservative in vaccines)? 4. Are you ever had a severe, life-threatening reaction to eggs and/or egg products? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? CONTACT YOUR PHYSICIAN AND/OR HEALTHCARE PROVIDER BEFORE RECEIVING THIS VACCINE IF YOU CHECKED YES ON ANY OF THE ABOVE QUESTIFOR Women: Please check Yes or No 7. Are you pregnant or suspect you are pregnant? If yes, please talk to the nurse before receiving the influenza vaccine. INFLUENZA VACCINE ADVERSE REACTIONS Because influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. An occasional case of respiratory disease for immunization represents coincidental linesses unrelated to influenza immunization. Mild Problems: Soreness, redness, or swelling where the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itchi fatigue. If these problems occur they usually begin soon after the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itchi fatigue. If these problems occur they usually begin soon after the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itchi fatigue. If these problems occur they usually begin soon after the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itchi fatigue. If these problems occur they usually begin soon after the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itchi fatigue.				PL	EASE	PRINT	T AND	BRIN	G TWO (2) COM	PLET	<mark>ed copi</mark>	ES OI	THI	IS CO	NSEI	IT FO	RM	T0	THE	FLU	CLI	NIC						
IMMUNIZATION CONSENT FORM First Name:	MAY	R <i>a</i>										Bra	nch:								c	lini	ic:						
Last Name: Address: City: State: Zip: Sex: Employee ID: For recipients 18 years of age and under only: Mother's Maiden Name: Precautions and Containdications: Please check YES or NO for each question. 1. Have you ever had a severe; life-threatening reaction to latex? 1. Have you ever had a severe; life-threatening reaction to latex? 1. Have you ever had a severe; life-threatening reaction to latex? 2. Have you ever had a severe; life-threatening reaction to latex? 2. Have you ever had a severe; life-threatening reaction to latex? 2. Have you ever had a severe; life-threatening reaction to latex? 3. Have you ever had a severe; life-threatening reaction to gap and/or egg products? 4. Are you ever had a servere; life-threatening reaction to gap and/or gap products? 5. Do you have a history of Guillain-Barré Syndrome? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a server silve threatening reaction to gap and/or pep products? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a server silve threatening reaction to gap and/or pep products? 6. Have you ever had a server silve threatening reaction to gap and under only on-influence and/or pneumonia vaccine? 6. Have you ever had a server silve threatening reaction to gap and or gap products? 6. Have you ever had a server silve threatening reaction to gap and or gap products? 6. Have you ever had a server silve threatening reaction to gap and or gap products? 7. Have you have a history of Guillain-Barré Syndrome? 8. Lavier you have a history of Guillain-Barré Syndrome (GBS). 8. Sex ever Problems. 1. Hell-threatenings: Soreness, end and you where the shot and last 1/2 days. 8. Sex ever Problems. 1. Hell-threatening allegic reactions from vascines are very rare, It fley do cocur, it is usually within a few minutes to a few hours after the shot. 1. In 1976, a type of inactivated influenza (swine flut yaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu waccines have not		IVI						IMI	MUN	IZA	ΓΙΟ				EN.	ΤF	O F	RN	1										
Address: City: Phone: Employee ID: For repipients IB years of age and under only: Mother's Maiden Name: Employee ID: For repipients IB years of age and under only: Mother's Maiden Name: Precautions and Contraindications: Please check YES or NO for each question. 1 Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 3. Are you alregic to Thimerosal (used as a preservative in vaccines)? 4. Are you exhibiting symptoms other than mild coughing, runny nose and/or pneumonia vaccine? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6.	First Name:																								N	liddl	e Init	ial:	
City: State: Zip: Sex: Phone:	Last Name:																												
Phone: Employee ID: For recipients 18 years of age and under only: Mother's Maiden Name: Frecautions and Contraindications: Please check YES or NO for each question. 1 Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to latex? 3. Are you allegrig to Thimerosal (used as a preservative in vaccines)? 4. Are you ever had a severe, life-threatening reaction to latex? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a severe, life-threatening reaction to eggs and/or egg products? 6. Have you ever had a severe year than mild coughing, runny nose and/or diarrhea? 6. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a severe year have year the year year year year. 7. Exposure you pregnant or suspect you are pregnant? If yes, please talk to the nurse before receiving the influenza vaccine. 8. Influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. An occasional case of respiratory disease for immunization represents coincidental illnesses unrelated to influenza immunization. 8. Influenza: 1. Influenza: 2. Influenza: 3. Influenza: 3. Influenza: 4. Influenza: 5. Influenza: 6. In	Address:																												
Phone:	City:																												
Employee ID: for recipients 18 years of age and under only: Mother's Maiden Name: Frecautions and Contraindications: Please check YES or NO for each question. YES 1. Have you ever had a severe, life-threatening reaction to legs and/or egg products? 3. Are you allergic to Thimerosal (used as a preservative in vaccines)? 4. Are you everh and a severe, life-threatening reaction to legs and/or egg products? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a severe, life-threatening reaction to legs and/or egg products? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? CONTACT YOUR PHYSICIAN AND/OR HEALTHCARE PROVIDER BEFORE RECEIVING THIS VACCINE IF YOU CHECKED YES ON ANY OF THE ABOVE QUESTIFOR Wener: Please check Yes or No 7. Are you pregnant or suspect you are pregnant? If yes, please talk to the nurse before receiving the influenza vaccine. INFLUENZA VACCINE ADVERSE REACTIONS Because influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. An occasional case of respiratory disease for immunization represents coincidental illnesses unrelated to influenza immunization. Mild Problems; Soreness, redness, or swelling where the shot was given. Hoaseness; sore, red or itchy eyes; cough, fever, aches, headache, itchis talique. If these problems soci they usually begin soon after the shot and last 12-2 days. Severe Problems: 1. Ide-threatening altergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot. 1. In 1976, a type of inactivated influenza (swire fluy accines it wis usually within a few minutes to a few hours after the shot. 1. In 1976, a type of inactivated influenza, (swire fluy vaccines it, it would be no more than 1 or 2 cases per million people vaccines have not been inked to GBS. Houce then is a risk of GBS from current flu vaccines; it would be no more tha	Phone:	Birthdate: Age: (M/F)																											
Precautions and Contraindications: Please check YES or NO for each question. YES]		M	N	Л	D	D		Υ	Y	<u>′</u> 	Y	Υ						
1. Have you ever had a severe, life-threatening reaction to latex? 2. Have you ever had a severe, life-threatening reaction to eggs and/or egg products? 3. Are you altergic to Thimerosal (used as a preservative in vaccines)? 4. Are you exhibiting symptoms other than mild coughing, runny nose and/or diarrhea? 5. Do you have a history of Guillain-Barré Syndrome? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you ever had a serious reaction after receiving the influenza and/or pneumonia vaccine? 6. Have you be gother than a serious reaction after receiving the influenza and/or pneumonia vaccine? 7. Are you pregnant or suspect you are pregnant? If yes, please talk to the nurse before receiving the influenza vaccine. INFLUENZA VACCINE ADVERSE REACTIONS Because influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. An occasional case of respiratory disease frimmunization. Mild Problems: Soreness, redness, or swelling where the shot was given. Hoarseness; sore, red or itchy eyes; cough, fever, aches, headache, itchis failgue. If these problems occur they usually begin soon after the shot and last 1-2 days. Severe Problems: - Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot. - In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This i lower than the risk of severe influenza, which can be prevented by vaccination. The safety of vaccines late and the provided in the provided in the provide	For recipients 18	3 years of a	age and	d unde	er only	: Mo	ther	's Ma	iden N	lame:																ļ			NO
Influenza: Trivalent: Fluvirin Q2037	4. Are you ex 5. Do you hav 6. Have you 6 CONTACT YOU For Women: 7. Are you pre Because influe immunization in Mild Problem fatigue. If these Severe Prob • Life-threateni • In 1976, a typ linked to GBS lower than th The safety of	hibiting sive a history had a history had a history had a history history had a history histor	sympory of a sell a sel	toms f Gui rious ND/O k Yes oect ontain ciden redn ur the ctions d influ here i e influ ways	othe Ilain-laireace R HEA sor Nyou a ms onlatal illress, con usual series a rise enza, beine	r that Barré ALTHO No Arre properties of the Pro	n mi	ndron recei PROV ant? NFL ectious related where soon are ve) vacco from n be p ed. For g/Ind	ughing ne? iving the property of the standard to influe the staffer the property of the proper	A VAI d viral lienza in not was e shot a state of the state of the lienza in not was e shot a state of the state of the lienza in not was e inform l and w	y nos y nos enze E REC e talk cetal prote mmul s give and la do oc ciated do oc ciated coines cocina matio	se and/ocentrications and/ocentrication to the NE AL eins, it on the en. Hoa ast 1-2 occur, it is with Go, it won, visit ccc.go	nurs NVE canno ca	eun VAC se b ess; ually n-Ba e no	nonin CCIN efor ER ause sore with urré S more	a va E IF \ e rec EAC influ , red in a t syndre tha	ceiviceiviceiviceiviceiviceiviceiviceiv	ng to NS. Ar chy (GE	the eye	influences: coas	luer siona coug a few nce t	nza al ca h, fe v hou then milli	vac ever, urs a , flu on p	of reach	es, h	ABOV tory teada	I I I E QU I disea ache,	se fo	Illowing ag, and clearly
VIS Version Date Issued: Date of Service: Date of Service:	Trivalent: ☐ Fluvirin Q					t:		High	Dose			T-Free):				T-Fr	ee l	Pe	diat			⊒Ĺ∉ ⊒L∉ ⊒R	eft C eft T ight	elto high	d (Infa	ant C	nly)	
VIS Version Date Issued: Nurse's Signature: Date of Service: PAYMENT INFORMATION Amount Paid 90658 (or vaccine specific Q code above) Flu Injection G0008 Dx V04.81 90655 Preservative Free, 6-35 Month Flu Injection G0008 Dx V04.81 90657 Multidose Vial, 6-35 Month Flu injection G0008 Dx V04.81 90657 Multidose Vial, 6-35 Month Flu injection G0008 Dx V04.81	Lot #		Lot	#				Lot #	!		-	Lot #_					Lot	#							L (3	6 mc	nths	and	older)
PAYMENT INFORMATION Amount Paid 90658 (or vaccine specific Q code above) Flu Injection G0008 Dx V04.81 90655 Preservative Free, 6-35 Month Flu Injection G0008 Dx V04.81 90657 Multidose Vial, 6-35 Month Flu injection G0008 Dx V04.81	VIS Version	Date Is	sued	l:					_																				
Amount Paid 90658 (or vaccine specific Q code above) Flu Injection G0008 Dx V04.81 90655 Preservative Free, 6-35 Month Flu Injection G0008 Dx V04.81 90657 Multidose Vial, 6-35 Month Flu injection G0008 Dx V04.81 \$	Nurse's Sig	nature:															f Se	rvi	ce:	_									
□ 90658 (or vaccine specific Q code above) Flu Injection G0008 Dx V04.81 \$										PAYM	EN	TINF	JKIV	ΙΑΙ	IOI		Jun+	Dair	1										
Corporate Address: 7227 Lee DeForest Drive Columbia MD 21046 Phone No. 866-211-0001	□ 90655 Pre	servative	Free,	6-35	Montl	h Flu	Injec	tion G	0008 D	x V04.		31		9	5	AIII	Juni	-di(· ·								
Maxim Health Systems, LLC, Tax ID No. 52-1968516, provides services in AK, AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MS, MT, NC, ND, NE, NJ, NM, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY. Maxim Healthcare Services, Inc., Tax ID 52-1590951, provides services in AZ, MO, NH, NV, and RI. Maxim of New York, LLC, Tax ID 06-1643257, provides services in NY. CONSENT FOR SERVICES. MEDICAL RECORDS and HIPAA PRIVACY INFORMATION	Maxim Health ME, MI, MN, Maxim Health	n Systems MS, MT, ncare Ser w York, LL	s, LLC NC, N vices, _C, Ta:	, Tax D, NE Inc., x ID 0	ID No E, NJ, Tax II 06-164). 52-1 NM, () 52-1 13257	1968 OH, 1590 , prov	516, p OK, O 951, p vides	rovides R, PA, provides services	service SC, SC services in NY	es in), TN, es in	AK, AL, TX, UT AZ, MC	, AR, T, VA, D, NH	CA, VT, I, N\	CO, WA, /, an	WI, V d RI.	WV, i	and	W۱	/. 						S, KY	, LA,	MA, I	MD,

I have read the adverse reactions associated with the influenza vaccine. A copy of the vaccine manufacturer's drug information sheet is available on request. I have had the opportunity to ask questions about these immunizations and I have been offered a copy of the Vaccine Information Statement (VIS) for the vaccine(s) being administered. I ask that the immunization(s) be given to me or the person named below for whom I am authorized to make this request. For myself, my heirs, executors, personal representatives and assigns, I hereby release Maxim Healthcare Services, Inc. ("Maxim") and its subsidiaries, affiliates and assigns, any retail site, grocery store, pharmacy, corporation, school, school district, physician and/or medical director and their respective affiliates, subsidiaries, divisions, directors, contractors, agents and employees, from any and all claims arising out of, in connection with or in any way related to my receipt of this or these immunization(s). Maxim and the other aforementioned parties shall not at any time or to any extent whatsoever be liable, responsible, or in any way accountable for any loss, injury, death or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the vaccines described above. I believe the benefits outweigh the risks and I voluntarily assume full responsibility for any reactions that may result. I agree to remain in the general area for at least 15 minutes after receiving the vaccine.

I authorize the release of this immunization data/consent form to my physician, my insure/health plan or a third party designated by my current or future health plan or employer for use in health/disease management and/or incentive benefit programs. If applicable, I further authorize the release of this immunization data/consent form to my educational institution or health care/senior/long term care facility for inclusion in my medical record and continuity of my education and/or treatment/care. I unde reliance on this authorization before it received notice of my revocation.

If this Consent Form is signed by the patient's legal guardian, durable power of attorney for healthcare or qualified healthcare surrogate (as defined by state law), I acknowledge that I have full authority to sign on behalf of the patient and maintain all appropriate appointment/governing documentation (e.g.: Durable Power of Attorney for Healthcare/Finances, Letters Testamentary/Administration, Guardianship Orders, etc.). Χ

Signature/Legal Guardian Print Name