

Somerset Pediatric Group

Patient Name: _____

Date of Birth _____

Date of Visit _____

Does your child have any medical conditions? Y N

If yes, indicate conditions _____

Has your child ever had the Flu vaccine? Y N Any reactions? _____

All of our flu vaccine is preservative free.

I understand that it may be necessary to pay for this vaccine if my insurance company does not reimburse for that vaccine.

SIGNATURE

DATE

RELATIONSHIP

SIGNATURE

DATE

RELATIONSHIP

FluLaval Quad 90686

GSK

0.5cc IM

Lot# 9E5KE exp. 6/30/24

Initials _____

VIS Sheet published 8/6/21 given

VIS sheet offered.

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