

Keweenaw Bay Indian Community
Department of Health & Human Services

Donald A. LaPointe Health & Education Center
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2013-2014 Flu Shot Consent Form for Ages 18 and Older
Dr. Joseph Zobro, MD, Dr. Peter Benson MD

Legal Last Name _____	Legal First _____
Other Names: _____	Maiden Name _____
Birth date: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address: _____	City & State: _____
Phone: _____	Zip Code: _____
Primary Care Physician _____	

I have read the vaccine information sheet (VIS 7/26/13) & I understand the benefits and risks of getting the flu shot

I am not sick today

I do not have an allergy to eggs, latex, thimerosal, or other vaccine components

I have never had a serious reaction after receiving a previous dose of influenza or other vaccines

I have never had Gullian –Barre syndrome

I want to receive the flu vaccine in order to prevent influenza

I authorize KBIC tribal physician and KBIC-DHHS nursing staff to do any and all needed emergency measures necessary in case of allergic reaction.

Fluzone Influenza Vaccine		
Sanofi Pasteur, Lot# _____	Expires: June 30, 2014	
Date: _____	Injection Site: R L Deltoid	Other: _____
HCP Administrating the vaccine/title: _____		

Signature: _____

Signing indicates you authorize KBIC/DHHS to administrate the influenza vaccine and to bill medical insurance for payment.