

Marinelli's Village Pharmacy

31 East Main Street
Elmsford, NY 10523
(914)592-8211

2020-2021 INFLUENZA VACCINATION CONSENT FORM

I WANT TO RECEIVE THE _____ Inactivated Vaccine _____ High Dose (age 65 and older)

I have read the "Influenza Vaccine Information Statement, 2020-2021 Season." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccination.

By signing this consent, I also agree to notify my Primary Health Care Provider that I have received the 2020-2021 Influenza Vaccine.

I request that the vaccine be given to me.

Print Name _____ DOB _____

Address: _____

City _____ State _____ Zip Code _____

Do you have an allergy to eggs? Yes No
Have you had any vaccines or injections within the last two weeks? Yes No

Signature _____ Date _____

If under the age of 18: _____ Phone _____
Parent/Guardian:

Printed name _____

Signature _____

For office use only

Manufacturer: _____

Lot number _____ Expiration date _____

Site 0.5 ml IM R L

Given By _____ Date _____

_____ Cash _____ Credit Card _____ House Charge _____ Medicare _____ Ins.