

Defeating the flu starts here



PATIENT CONSENT FORM – INFLUENZA (FLU) VACCINE

Initial:

CCB I voluntarily request physicians, nurses, technical assistants or other healthcare providers administer the flu vaccine, and I understand the benefits and risks of the vaccine.

CCB I understand that administration of the vaccine requires that I receive a shot (injection). I voluntarily consent to and authorize this procedure. I have received and read, or had read to me, the Vaccine Information Statement (VIS). I also understand that as with all medical treatments, there is no guarantee that I will become immune.

CCB I have been given the opportunity to ask questions about the vaccine, the risks of receiving or not receiving the vaccine, the procedure to be used, and the risks and hazards involved. I have had an opportunity to ask questions and they have been answered to my satisfaction. I have all the information I need to give this informed consent for myself or other person named below for whom I am authorized to sign.

CCB If I am injured by Concentra's administration of the vaccine, I understand that Concentra is not responsible for any loss, damage, or expense I may incur. I hereby release and discharge Concentra, together with all of its affiliates, subsidiaries, shareholders, officers, directors, employees, agents, and any other representatives from any and all liability, loss, damage, and expense that may arise out of or relate to the administration of the vaccine, except for Concentra's gross negligence.

Notice of Privacy Practices

Your name and signature below indicate that you have received a copy of Concentra's Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, you may contact Concentra's Privacy and Security Office at 800-819-5571, or PrivacyOffice@Concentra.com.

Completed by the Person to Receive the Vaccine

Name: <u>Calle Booker</u>	Date of Birth: <u>03-25-81</u> Age: <u>36</u>
Address: <u>4848 Lemmon Ave</u>	Home Phone: <u>214-800-9727</u>
City: <u>Dallas</u>	State: <u>TX</u> Zip Code: <u>75219</u>
Company/Dept: _____	Emp ID: _____
Signature: <u>[Signature]</u>	Date: <u>12-29-17</u>
Witness: <u>Dana Ramsey</u>	Date: <u>12-29-17</u>

-- OFFICIAL USE ONLY --

MFG: <u>Sanofi</u>	LOT#: <u>41826AC</u>	Exp. Date: <u>6-30-18</u>	<input type="checkbox"/> Afluria Trivalent	<input type="checkbox"/> Fluzone Trivalent	<input checked="" type="checkbox"/> Fluzone Quadrivalent
Inj. Site: <u>L Delt</u>	VIS Given: <u>12-29-17</u>	VIS Edition Date: <u>8-7-15</u>			
Given By: (Print) <u>Dana Ramsey</u>	Title: <u>LW</u>	Signature: <u>[Signature]</u>	Date: <u>12-29-17</u>		

inal vaccine composition to be determined by the U. S. Food and Drug Administration (FDA). Concentra does not guarantee the effectiveness of the influenza vaccine.

Concentra