

Golden Gate Pediatrics

Injectable Flu Vaccination

Flu vaccine should **NOT** be administered to anyone with the following:

- **Fever within the last 24 hours**
- **Acute respiratory or other active infection**
- **Active, unstable neurological disorder**
- **Prior history of Guillain-Barre Syndrome**
- **Serious reaction to a previous flu vaccine**

_____ **My child does NOT fit in any of the above criteria.**

Child's Name: _____ DOB: ____/____/____

Flu Shot Appointment Date: ____/____/____

Legal Guardian's Name: _____

Legal Guardian's signature: _____

Today's Date: ____/____/____