Pediatrics Form (For Child Aged < 14)

KAUSTHealth
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INFLUENZA VACCINATION REGISTRATION FORM

Name of Individual to be Immunized_____
Address _____Phone Number _____
Date of Birth_____ Age_____ M F
Medical Record Number _____

Please answer the following questions:

Is your child sick or does he have a high fever today?	Yes ☐	No ☐	Unknown ☐
Has your child ever had an allergic reaction to a flu shot?	Yes ☐	No ☐	Unknown ☐
Does your child have an allergy to eggs?	Yes ☐	No ☐	Unknown ☐
Has your child ever received the flu vaccine before?	Yes ☐	No ☐	Unknown ☐

Acknowledgement:

1. I understand the benefits of taking flu vaccine and I acknowledge that I can make an appointment with my child's pediatrician to discuss about flu vaccines.
2. I understand my child's medical care provider may submit this immunization information for immunization registry purposes.

Release of Liability:

I have read and I understand the acknowledgements set forth above, and I hereby release the KAUST Health and their affiliated entities, and all of their agents, employees, trustees, and representatives, from any and all liability which may arise from the vaccination and/or from the information provided to me concerning such vaccination.

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake the responsibility to inform you of any changes therein, immediately.

_____ _____
Signature of guardian of Recipient of the Vaccination Date

For Office Use Only

Flu Vaccine Lot #:_____ Expiration date: _____Date: _____
Site of Injection: ____R ____ L _____ Deltoid muscle of Arm / ____ Anterolateral thigh muscle
Child's body temperature: _____

Second Dose (For child aged < 9 and has not been previously vaccinated against flu)
Flu Vaccine Lot #:_____ Expiration date: _____Date: _____
Site of injection: ____R ____ L _____ Deltoid muscle of Arm / ____ Anterolateral thigh muscle
Child's body temperature: _____

Flu vaccine indication:

◯ Health care worker	◯ Pregnant	
◯ Age is > 65 years old	◯ Children (6 months - 5 years)	◯ Immune deficiency diseases (congenital or Acquired)
◯ Chronic respiratory diseases	◯ Chronic Heart disease	◯ chronic renal disease
◯ Chronic CNS disorder	◯ Diabetes Mellitus	◯ personal request
◯ Hajj	◯ Other……	