

**A/P LAB**  
**100 East Street, SE**  
**Vienna, VA 22180**  
**(703) 938-5555**  
**TIN=20-5298986**

## FLU VACCINE WAIVER

Patient Name \_\_\_\_\_ Chart # \_\_\_\_\_ Date: \_\_\_\_\_

DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Immunizations Up to Date:  Yes  No

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

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**Diagnosis Code = V04.81**

**A/P Lab is a non-participating provider with your insurance company for these services.** Regardless of whether or not your health insurance will reimburse for the Flu Vaccine, you are requesting these services at your own expense. You will be responsible for payment at the time the flu vaccine is administered. All of us highly endorse the influenza vaccines.

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1. Have you or your child ever had:

- A serious allergic reaction to egg or egg products (hives, swelling of the lips or tongue, difficulty breathing, shock)? YES NO
- A serious allergic reaction to a previous flu vaccine? YES NO
- Guillain-Barré Syndrome GBS – a serious neurological condition. YES NO

2. Is the person receiving this vaccine currently sick? YES NO

3. Are you requesting Flu Mist nasal spray (approved only for 2-49 years of age) YES NO

If "yes," please answer the following questions

- Do you or your child have asthma? YES NO
- Have you or your child had one or more episodes of wheezing within the past year? YES NO
- Are you or your child taking Aspirin or aspirin-containing medications? YES NO
- Are you or your child known or suspected to be immunocompromised (low immunity to fight Diseases?) YES NO

• Is the person receiving this vaccine pregnant? YES NO N/A

4. Have you or your child received a live vaccine (Varivax or MMR) within the last 28 days? YES NO

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**PAID** \_\_\_\_\_

**CASH CC CHECK#** \_\_\_\_\_

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**90656 - Flu Shot:** 3 yrs. & older **Preservative Free** Sanofi Pastuer Lot# UT448AA Exp. 06/30/12 **\$35.00**  
**90657 - Flu Shot MDV:** 6 – 35 Mo. Sanofi Pastuer Product Lot # UH469AA Exp. 06/30/12 **\$35.00**  
**90655 - Flu Shot:** 6-35 Mo. **Preservative Free** Sanofi Pastuer Lot# U4159BB Exp. 06/30/12 **\$35.00**  
**90658 - Flu Shot MDV** Sanofi Pastuer Product Lot# UH469AA Exp. 06/30/12 **\$35.00**  
**90660 - FluMist:** MedImmune Product Lot# 501086P Exp: 11/20/11 **\$35.00**  
**501092P** Exp: 11/27/11

**Date Administered:** \_\_\_\_\_

**By:** \_\_\_\_\_