

**Monday, October 6, 2008**

**Flu Season Is Fast-Approaching – Sarasota Memorial Is Offering Flu Shots at Several Key Locations**

Visit Sarasota Memorial's drive-through vaccination station ... or one of the following neighborhood care centers for your flu and pneumonia vaccine, Oct. 6-Nov. 26 (while supplies last). *Download, print, and complete the attached consent form and bring to any of the following Sarasota Memorial flu vaccination stations for faster service.*

**Drive-through Station**

Drive-through vaccinations: Every Tuesday, 10 a.m.-2 p.m., Sarasota Memorial Hospital's south garage, corner of U.S. 41 and Hillview Street.

**Vaccine Stations throughout Sarasota**

- Institute for Advanced Medicine (lobby), 5880 Rand Blvd., ½ mile west of I-75 off Clark Road  
Mondays & Fridays 10 a.m.-1 p.m. & 2-5 p.m.  
Saturdays, Oct. 11, 25 & Nov. 1, 10 a.m.-1 p.m.
- Sarasota Memorial Community Medical Clinic, hospital first floor, 1700 S. Tamiami Trail  
Thursdays, 9 a.m.-2 p.m.
- Waldemere Medical Plaza, 1920 Waldemere St., Suite #405  
Wednesdays & Fridays 9 a.m.-12 p.m. & 1-4 p.m.

Sarasota Memorial Care Center at Blackburn Point (Room # 204), 929 S. Tamiami Trail, Osprey  
Monday-Thursday 9 a.m.-12 p.m. & 1-4 p.m. (adults)  
Wednesday, Oct 15, 9 a.m.-12 p.m. & Oct. 29, 1-4 p.m. (children & adolescents)

- Ultracare Endocrine and Diabetes Consultants, 389 Commercial Ct. Suite A, Venice  
Tuesdays & Thursdays, 8 a.m.-12 p.m.

Sarasota Memorial Care Center at University Parkway, 5350 University Parkway (corner of University Parkway and Honore)  
Wednesdays & Fridays, 9 a.m.-12 p.m. & 1-4 p.m.

- St. Martha's Church, 200 Orange Ave N., Sarasota  
Saturday, Oct. 18 3-7 p.m.; Sunday, Oct. 19, 8:30 a.m.-1 p.m.

Fee: \$30 per vaccine (flu or pneumonia). Original Medicare plans accepted (you must bring your Medicare card). Others must pay cash and seek reimbursement from their insurance company. Coverage varies, so please check with your insurance provider for limitations. For information, call Sarasota Memorial's HealthLine at 917-7777.

## IMMUNIZATION CONSENT FORM

Name(Please print) \_\_\_\_\_ Medicare Number \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B \_\_\_\_\_

Street City Zip

Allergies: \_\_\_\_\_ Place of service location \_\_\_\_\_

Phone number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Influenza vaccine \_\_\_\_\_ Pneumococcal Vaccine \_\_\_\_\_

### PERTINENT HISTORY

I verify that I do not have any neurological disease, I am not allergic to mercury, latex, thimerosal, chicken feathers or eggs and I am presently free of any infection, fever and in good health. I am not pregnant and have not received any immunizations in the last three (3) days. My physician has not informed me of any reason I should not have the flu/pneumococcal immunizations?

The Flu vaccine CANNOT cause influenza. Any respiratory illness after vaccination is a coincidence and unrelated to the immunization. The most frequent side effect of the vaccine is soreness of the arm that may last up to two (2) days. Some persons may experience fever, chills, headache or muscle aches within the first 48 hours. However, with the administration of any vaccine or drug, there is always the possibility of more severe side effects. If any such reactions occur I will contact my own personal physician.

**I have read this information and have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits, risks, and possible side effects of the influenza vaccine and request that it be given to me or to the person named for whom I am authorized to sign.**

**I waive all responsibility of Sarasota Memorial Health Care System and its staff for any adverse outcome resulting from the administration of the influenza/ pneumococcal vaccine.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Influenza Vaccine Lot number  
Site/ dose given Expiration date: \_\_\_\_\_

Pneumococcal Vaccine Lot number  
Site/ dose given Expiration date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_