



# Putnam County Department of Health

## Influenza Immunization Consent Form



Name (please print)	Date of Birth	Age	Date of Flu Clinic
Address	City	State	Zip
Grade/Teacher	Sex Male      Female	Phone (where parent can be reached on day of clinic)	
School	Austin Rd 11/8/17      Fulmar Rd 11/9/17	NYSIIS Consent ( <b>for those 19 &amp; older ONLY</b> ) (Teachers and Staff) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Lakeview Elem.	11/9/17      Mahopac MS 11/14/17      Mahopac HS 11/16/17		

- Is this your first time getting the flu shot?  NO     YES
- Have you ever had a severe life threatening allergic reaction to a flu shot?  NO     YES
- Are you pregnant?  NO     YES
- Have you ever had Guillain Barre syndrome?  NO     YES
- Do you have a severe allergy to eggs, latex, thimerosal or gelatin?  NO     YES

If Yes, Which one? \_\_\_\_\_

**SEASONAL INFLUENZA CONSENT** I have read the information sheet about **seasonal** influenza vaccination. I understand the benefits and risks of the vaccination as described. I request that the **seasonal influenza** vaccination be given to the patient named above. I authorize the release of any medical or other information necessary for public health purposes.

Name of recipient (parent or guardian) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Area Below to be Completed by Nurse

**Seasonal Influenza Vaccine:**

**Are you sick with fever today?** (To be completed by nurse on day of clinic)  NO     YES

VIS Date: 8/7/15      Manufacturer & Lot Number Sanofi-Pasteur      Exp. 6/30/18

**Administration Site:**     Left arm     Right arm

Reviewed and Administered by: \_\_\_\_\_ Date: \_\_\_\_\_  
Nurse Signature