



PUTNAM COUNTY DEPARTMENT OF HEALTH
 1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
 www.putnamcountyny.gov/health
 A PHAB-ACCREDITED HEALTH DEPARTMENT

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	Matthew Patterson 10/15/18	Kent Elementary 10/17/18	NYSIIS Consent (for those 19 & older ONLY)	
	Kent Primary 10/17/18 GFMS 10/24/18	Carmel HS 10/29/18	(Teachers and Staff) <input type="checkbox"/> YES <input type="checkbox"/>	

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

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 UI982AA Exp. 6/30/19

Administration Site: Left arm Right arm

Reviewed and Administered by: _____ Date: _____
Nurse Signature