



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		Kent Elementary 10/11/17		Kent Primary 10/11/17		NYSIIS Consent (for those 19 & older ONLY) (Teachers and Staff) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Matthew Patterson 10/17/17		GFMS 10/27/17		Carmel HS 10/30/17					

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 _____ Exp. 6/30/18

Administration Site: Left arm Right arm

Reviewed and Administered by: _____ Date: _____
Nurse Signature