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 (please circle) Austin Rd 11/9/15 Fulmar Rd 11/10/15

Lakeview Elem 11/10/15 Mahopac MS 11/16/15 Mahopac HS 11/19/15

NYSIIS Consent (**for those 19 & older ONLY)**

(Teachers and Staff) ☐ YES ☐ NO

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

Are you currently receiving radiation, chemotherapy or immunosuppressive therapy? ☐ 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 UI443AA Exp. 6/30/16

Administration Site: ❑ Left arm ❑ Right arm

Reviewed and Administered by: _____ Date: _____

Nurse Signature