

FLU/Pneumonia Consent Form

Rev 11-15

Client Section	Last Name		First Name		M. I.	Physician		
	Birth Date	Age	Social Security # _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
	Address		City		State	ZIP		
	Home Phone #		Asian/Pacific Islander/Other	<input type="checkbox"/>	Ethnicity: Hispanic or Latino			
			Black/African American	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Caucasian(White/Mexican/Puerto Rican)	<input type="checkbox"/>					
		American Indian/Alaska Native	<input type="checkbox"/>					
Medicare #		Medicaid #		Self Pay				
				Cash <input type="checkbox"/>	Check <input type="checkbox"/>			

1. Is the person to be vaccinated sick today?
(Except for a minor illness such as a common cold or sinus) Yes No
2. Does the person to be vaccinated have a severe allergy to eggs, egg products,
or Thimerosal (Mercury) or any vaccine component? Yes No
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in
the past? Yes No
4. Has the person to be vaccinated ever had Guillain-Barre' syndrome? Yes No

CONSENT FOR VACCINATION:

I have been offered a copy of the Influenza "Vaccine Information Statement 08/10/2015". I have read or have had explained to me and understand, the information in this "Vaccine Information Statement". I give consent for the person named at the top of this form to be vaccinated with Influenza vaccine. I have been offered a copy of the Notice of Privacy Practices with effective date of 4/14/2003. Notice of Privacy Practices can be found at the CK Co. Health Dept

I authorize the release of medical or billing information necessary to process claims for Medicare or Medicaid.

 X / _____ / _____
Signature of Recipient/Parent/Legal Guardian Print Name Month / Day / Year

<p>For Office Use Only</p> <p><input type="checkbox"/> Flu 6-35 Months 0.25ml Private Vaccine Lot # Sticker</p> <p><input type="checkbox"/> Flu Age 3 years and over 0.5ml Private Vaccine</p>	<p style="text-align: center;">Site of IM Injection</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Deltoid</p> <p><input type="checkbox"/> Right <input type="checkbox"/> Vastus Lateral</p>
<p><input type="checkbox"/> Pneu (PPV 23 or PCV 13) 0.5ml Private Vaccine Lot # Sticker</p>	<p><input type="checkbox"/> Left <input type="checkbox"/> Deltoid</p> <p><input type="checkbox"/> Right <input type="checkbox"/> Vastus Lateral</p>

Signature and Title of Vaccine Administrator

Date