RICE COUNTY HEALTH DEPARTMENT

Injectable Influenza Vaccination Screening and Consent

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Date of Birth\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For adults and parents of children to be vaccinated**: The following questions will help us determine if there is any reason, we should not give you or your child injectable vaccine today. If a question is not clear, please ask your healthcare provider to explain it.

**Don’t**

**YES NO Know**

1. Is the person to be vaccinated sick today?

2. Has the person to be vaccinated ever had a serious reaction to the

Influenza vaccine in the past or an allergic reaction to an egg component?

3. Has the person to be vaccinated ever had Guillen-Barre syndrome?

**PLEASE READ**: I have received a VIS statement or have had explained to me the information about influenza and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risk of influenza vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make thus request. My signature also gives permission to bill Medicaid/Medicare or my health insurance if applicable. I have been offered a copy of the HIPPA guidelines for this agency and understand the privacy act as outlined.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Required Date

FOR CLINIC USE ONLY

Date Vaccinated\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site of injection: Left Deltoid

Right Deltoid

Left VL

Right VL

Manufacturer: Sanofi Pasteur Lot Number: \_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

RCHD 10/2018