

# RICE COUNTY HEALTH DEPARTMENT

## Injectable Influenza Vaccination Screening and Consent

Patient Name _____		Age _____	Date of Birth ____/____/____
Address _____		City _____	Zip _____
Phone Number _____		Alternate number _____	
<p><b>For adults and parents of children to be vaccinated:</b> 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.</p>			
	YES	NO	Don't Know
1. Is the person to be vaccinated sick today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has the person to be vaccinated ever had Guillen-Barre syndrome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><b>PLEASE READ:</b> 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 this 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.</p>			
<p style="text-align: center;">I received VIS statements for immunizations given</p>			
Signature Required _____		Date _____	
FOR CLINIC USE ONLY			
Date Vaccinated ____/____/____		Nurse _____	
		Site of injection: Left Deltoid <input type="radio"/> Right Deltoid <input type="radio"/> Left VL <input type="radio"/> Right VL <input type="radio"/>	
Manufacturer: <u>Sanofi Pasteur</u>		Lot Number: _____ Expiration Date: _____	