



Oklahoma State Department of Health/Choctaw Nation
Influenza Vaccination Partnership

Consent Form

Last Name: ☐ Female
☐ Male

First Name:

MI:

Date of Service:

Date of Birth:

Birth State:

Gender:

Race (circle all that applies)

1 - Black

2 - Hispanic

3 - Asian/Pacific Islander

4 - American Indian/Alaskan Native

5 - White

Month

Day

Year

Age:

Grade:

Mothers Maiden Name:

Address:

City:

State:

Zip:

Phone 1:

HOME

Phone 2:

CELL

Guardian Last Name (For children only):

Guardian First Name:

Please circle one: Private Insurance

Medicare

Medicaid

No Insurance

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is the person to be vaccinated sick today?
☐ YES ☐ NO
2. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
☐ YES ☐ NO
3. Has the person to be vaccinated ever had Guillain-Barré Syndrome within 6 weeks after receiving a flu vaccine?
☐ YES ☐ NO
4. Does the person to be vaccinated have an allergy to a component of the vaccine?
☐ YES ☐ NO

I have read or had explained to me the information contained in the 2020-2021 Vaccine Information Sheet for the 2020 influenza seasonal vaccine. I have had the chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the seasonal influenza vaccine and consent to receive the seasonal influenza vaccine for myself or my child (if applicable). I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS). If this vaccination is provided to my child in a childcare/school setting, I give my consent for Oklahoma State Department of Health/Choctaw Nation to administer Influenza Vaccine to my child and disclosure of this vaccination information to the childcare/school setting. I agree for my child to receive vaccine without my presence, I understand if my child is not cooperative, the vaccine will not be administered.

Signature:

Date:

OFFICE USE ONLY-DO NOT WRITE BELOW

Vaccine: Fluorix Lot # JX3RK

Lot #

Nurse's Signature:

Nurse's Initials

Site Given:

RVL=1 LVL= 2 RD= 3 LD= 4