Flu Vaccination Consent Form 2020 - 2021

Last Name | **First Name** | **MI**

Home Address (House Number and Street Name) | **Apt Number**

City | **Zip Code** | **Gender**
○ Male
○ Female

Patient's Mother's First Name Only

Patient's Date of Birth (example 05/22/1982)
/ /

Area Code - **Phone Number** -

Patient's Age | **Infant (Months)**

Race/Ethnicity (Choose One) ○ Asian ○ Black/African American ○ Hispanic/Latino ○ White
○ Native Hawaiian/Pacific Islander ○ American Indian/Alaskan Native ○ Multi-Race ○ Other

Housing Status: Are you currently experiencing homelessness? ○ Yes ○ No

What type of health insurance do you have? (Check all that apply)
○None ○Private (ex. Anthem Blue Cross, Kaiser Permanente)
○Medi-Cal/Medicaid ○Medicare ○I don't know ○Other insurance: _____

1. Are you sick or experiencing any symptoms of COVID-19 (i.e. cough, fever, loss of taste/smell)? ○ Yes ○ No
2. Are you pregnant or do you think you may be pregnant? ○ Yes ○ No
3. Have you had a serious reaction to flu vaccine requiring medical help? ○ Yes ○ No

I CONSENT TO THE VACCINATION PROVIDED | If under 18 years of age, PRINT name of parent or legal guardian

STOP - DO NOT WRITE BELOW THIS LINE **SCREENER INITIALS**

4. Do you have a severe allergy to eggs? [If YES, See Allergy Guidelines] ○ Yes ○ No
5. Do you have an allergy to thimerosal? ○ Yes ○ No
6. Do you have any of the following conditions? [If YES, IIV indicated] ○ Yes ○ No
Heart, Lung, Kidney or Liver Disease; Asthma; Cancer; Metabolic disease (i.e. diabetes); Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Immune System Disorder (i.e. HIV/AIDS, steroid therapy)
7. Have you ever had Guillain-Barré Syndrome (GBS)? ○ Yes ○ No

Manufacturer and Lot Number **Flu Vaccine VIS (IIV) 08/15/2019**

INACTIVATED (Flu Shot - IIV)

Manufacturer ○ GSK ○ SP ○ Other_____
Lot #

Dose ○ 1 ○ 2

Dosage ○0.50mL

Site ○ LD ○ RD ○ LT ○ RT

(example 10/20/2019)
Date Administered (MM/DD/YYYY) / /

PLEASE PRINT CLEARLY
Admin Initials:

Language Interpreter Signature:

Nurse Instructor Signature:

English