

CLINTON COUNTY HEALTH DEPARTMENT

2009 – 2010 Seasonal Influenza Immunization Consent Form

Participant to complete: Please Print Legibly

Name: _____ Phone: (____) _____

Address: _____ City _____ State/Zip _____

Date of Birth: _____ Age _____ Sex: M F

Are you on Medicaid? Yes _____ No _____ If yes, Medicaid Number _____

Are you currently pregnant?..... YES NO

Special Notice: Vaccination is generally **NOT** recommended for people with any of the following:

- | PLEASE CHECK | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you allergic to eggs or any other Flu Vaccine component?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a previous allergic reaction to the flu shot?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have an active neurologic disorder (Guillian-Barre/Multiple sclerosis)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a current illness or fever?..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you have any questions please ask before receiving the vaccine.

"I have read or have had explained to me the information on the Vaccine Information Sheet (Interim 8/11/09) about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks 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. I have been offered a copy of Clinton County Health Department 'Notice of Privacy Practices for Protected Health Information'. I understand Clinton County Health Department will bill Medicare or Medicaid if appropriate."

Signature: _____ Date _____
Person receiving vaccine/ Parent or Guardian

Nurse Signature: _____ Mfg sanofi pasteur Lot _____ Site _____

09/05/07

WHERE DID YOU HEAR ABOUT THIS CLINIC?

- Newspaper Radio Website Word of Mouth Other-Flyers, etc.
Please specify: _____

MEDICARE/MEDICAID #