Seasonal Flu Vaccine Screening / Consent Form

The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient's First Name: _____ **Patient's Last Name:** _____ **Patient's Date of Birth:** _____/_____/_____

Street Address _____ **City:** _____ **Zip Code:** _____

Phone Number: _____ **Gender:** _____ **Mother's First Name:** _____

Race and Ethnicity Information (check all that apply)

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **White**
- ☐ **Other** _____
- ☐ **More than One Race**

Insurance Information

1) Do you currently have Medi-Cal?	☐**Yes**	☐**No**
2) Are you American Indian or Alaska Native?	☐**Yes**	☐**No**
3) Do you have private insurance that covers flu vaccine?	☐**Yes**	☐**No**

Medical Information

4) Are you sick today?	☐**Yes**	☐**No**
5) Do you have allergies to medications, eggs, a vaccine component, or latex?	☐**Yes**	☐**No**
6) Have you ever had a serious reaction after receiving a flu vaccination?	☐**Yes**	☐**No**
7) Have you had Guillain Barre Syndrome? (A severe paralytic illness also called GBS)	☐**Yes**	☐**No**

CONSENT: I have read or have had explained to me the information in the Vaccine Information Statement(s) (VIS). I understand the benefits and risks of the vaccine(s).

Printed Name of Client: _____

Signature of client _____ **Date:** _____
(or parent/guardian if client under 18 years old)

FOR STAFF USE ONLY

Vaccine type:_____ Dose:_____ Manufacturer: _____

Lot #: _____ Expiration Date: _____ Injection Site:_____

Dispensing Health Care Provider's Signature:

Credential:

MD RN LVN

NP/PA Paramedic

_____ DATE: _____