



**NEVADA COUNTY  
PUBLIC HEALTH DEPARTMENT  
DRIVE THROUGH  
FLU CONSENT FORM**

How did you hear about this event?

- KNCO/KVMR     Union     Yubanet  
 [www.MyNevadaCounty.com](http://www.MyNevadaCounty.com)     Other

Manufacturer: \_\_\_\_\_

Lot # & Expiration: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
MM / DD / YY

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Nevada County Public Health Department requires that we collect the following demographic data. This information is confidential and allows us to provide quality services. **THE INFORMATION BELOW IS FOR THE INDIVIDUAL RECEIVING IMMUNIZATION(S).**

Choose one:

Choose one or more:

Choose one:

**Ethnic Group**

**Race**

**Language**

Hispanic

Alaska Native or American Indian

White or Hispanic

English

Non-Hispanic

Asian

More than One Race

Spanish

Unknown

Black or African American

Other Race

Indian (includes Hindi & Tamil)

Native Hawaiian or Pacific Islander

Declined to State

Other

**VFC Eligibility (Children 18 years and under)**

The following statements will help us determine if your child may receive immunizations through the Vaccine For Children (VFC) program.

**Please check applicable box below for child receiving immunization:**

1. is Medi-Cal or Child Health & Disability Program (CHDP) eligible.  
 2. is Uninsured (does not have private health insurance).  
 3. is an American Indian or Alaskan Native.

Does the patient have Medi-Cal (Adults 19 years and older)?  Yes  No

I have read or have had explained to me the information on this form about influenza and influenza vaccine (VIS). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request. I understand that Nevada County Public Health Department enters immunization information into the California Immunization Registry (CAIR). I acknowledge that I have received a copy of the Nevada County Notice of Privacy Practices. I hereby authorize the Nevada County Public Health Department, to release this information to my designated medical provider(s), school(s), and upon my verbal request, to myself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient (Parent or Guardian if under 18 years of age)

**Screening Questionnaire for Vaccine Eligibility**

**Inactivated Flu Vaccine**

The following questions will help us determine if you can be vaccinated for the seasonal flu today. Your answers to the following questions will help us determine which vaccine is right for you.

**Yes No Don't Know**

**Person receiving vaccine:**

1. Are you feeling sick today?			
2. Are you pregnant or could you become pregnant within the next month?			
3. Have you had the flu vaccine before?			
4. Have you had a serious reaction to the influenza vaccine in the past?			
5. Are you allergic to egg, egg products, thimerosal or latex? Circle the allergy(ies) that apply.			
6. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?			
7. Do you need documentation of vaccination? Please ask for a <b>Blue Card</b> .			

**NURSE USE ONLY** Site of injection:  left deltoid  left thigh  right deltoid  right thigh

RN Signature: \_\_\_\_\_ Date \_\_\_\_\_

VIS 8/15/2019