Public Health
Prevent. Promote. Protect.
Harford County Health Department

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Influenza Immunization Consent Form

Please Print Information

I have read or have had explained to me the information on this form about INFLUENZA and the INFLUENZA VACCINE. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

Child's NAME: **Last** _____ **First** _____ **MI** ____

GENDER: ☐ M ☐ F **Child's BIRTHDATE:** __ / __ / ____ **AGE:** ___

ADDRESS: _____

CITY: _____ **STATE:** __ **ZIP:** _____

I acknowledge that I have received today or have received in the past, a copy of the Notice of Privacy Practices.

*Parent/Guardian SIGNATURE*_____ *DATE*_____

1. **Is the child allergic to eggs?**..... ☐ **Yes** ☐ **No**
2. **Has the child ever had a serious reaction to a flu vaccine in the past?**..... ☐ **Yes** ☐ **No**
3. **Has the child ever developed <u>Guillain-Barre Syndrome</u> within six weeks of getting an influenza vaccine?**..... ☐ **Yes** ☐ **No**
4. **Does the child have a fever?**..... ☐ **Yes** ☐ **No**

For Clinic Use Only

Date of Clinic:_____

Manufacturer and Lot#:_____or_Apply label:

Indicate administration site: LA RA

Nurse's signature or initials if signature is on file:_____