

**2018-2019 Influenza Vaccine Consent Form
Buffalo County Public Health**

Section 1: Information on Client to Receive Vaccine (please print)

Name (Last)	(First)	(M.I)	Date of Birth Month _____ Day _____ Year _____
Age	Gender M/F	Daytime Phone Number:	
Address		Cell Phone Number:	
City	State/Zip	Grade (if applicable)	

**The following questions will help us to know if your can get the 2018-2019 influenza vaccine.
Please mark YES or NO for each question.**

	YES	NO
1. Does the person to be vaccinated have an allergy to eggs, thimerosal, or latex?		
2. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?		
3. Has the person to be vaccinated ever had Guillain-Barre syndrome?		
4. Is the person to be vaccinated sick today?		

Section 2: Consent

I have read or have had explained to me the 2018-2019 Vaccine Information Statement for the 2018-2019 Seasonal flu vaccine and have had the opportunity to ask questions, which were answered to my satisfaction. I understand the risks and benefits of this vaccine and give consent for Buffalo County Public Health and designated staff to vaccinate the individual listed at the top of this form, for whom I have authority to provide consent. I also consent for this information to be entered into the Wisconsin Immunization Registry.

I GIVE CONSENT to Buffalo County Public Health Department and its staff to bill my private, HMO, or Badgercare insurance company. **Yes** _____ **No** _____

Print Name: _____ **Signature:** _____ **Date:** ____/____/____

If yes, please provide information from both sides of the Insurance Card:

Member Name: _____ **Insurance Company:** _____

Mailing Address: _____ **Group#:** _____ **ID#:** _____

Section 3: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2018-2019 Seasonal	/ /	L R IM		Sanofi Pasteur Glaxo Smith Klein		____ April Loeffler, BSN, RN ____ Josie Knauber, BSN, RN

Links for Vaccine Information Sheets: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>