



Registration # \_\_\_\_\_

Interpreter Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Language Needed: \_\_\_\_\_

Interpreter's Signature: \_\_\_\_\_

**2020- 2021 SEASONAL QUADRIVALENT INFLUENZA ("FLU") VACCINE  
CONSENT TO RECEIVE AT FREDERICK COMMUNITY HEALTH FAIR**

I have read the information about influenza and 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 it is given to me.

**LATEX FREE VACCINE**

Are you allergic to eggs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a previous reaction to the Flu Shot? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had Guillain-Barre or a neurological disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you ill today? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant or could you become pregnant in the next month? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<u>FOR EMPLOYEE HEALTH USE:</u>		
DATE VACCINATED October 24, 2020		SITE OF INJECTION 0.5 cc IM <input type="checkbox"/> Left <input type="checkbox"/> Right Deltoid
MANUFACTURER/LOT # UT7035NA Sanofi Pastuer	EXPIRATION DATE 6/30/2021	SIGNATURE PERSON ADMINISTERING VACCINE

VIS Given: October 24, 2020



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**2020 - 2021 SEASONAL QUADRIVALENT INFLUENZA ("FLU") VACCINE****CONSENT TO RECEIVE AT FREDERICK COMMUNITY HEALTH FAIR****Age Range: 6 Months to 18 years****Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_I have read the Centers for Disease Control and Prevention's current year *Influenza Vaccine What You Need to Know* Vaccine Information Sheet and understand the issues associated with the vaccine as well as contracting influenza.

	<u>YES</u>	<u>NO</u>
Is your child sick today?		
Has your child ever experienced a severe allergic reaction (e.g. wheezing, decreased blood pressure, vomiting, difficulty breathing or swallowing) to eggs or to any component of the flu vaccine?		
Has your child ever had a serious reaction to influenza vaccine in the past?		
Has your child ever had Guillain-Barre syndrome?		

I acknowledge that I have received written information about the influenza vaccine and the disease and have had ample opportunity to have my/our questions answered to my satisfaction. After reviewing the influenza vaccine information provided as specified above, I authorize administration of the influenza vaccine to my child.

\_\_\_\_\_  
Parent/Legal Guardian Name (print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Today's Date

<b>DATE VACCINATED</b> October 24, 2020		<b>SITE OF INJECTION</b> 0.5 ml IM <input type="checkbox"/> Left <input type="checkbox"/> Right Deltoid	
<b>MANUFACTURER/LOT #</b> UT7035NA Sanofi Pastuer	<b>EXPIRATION DATE</b> 6/30/2021	<b>SIGNATURE PERSON ADMINISTERING VACCINE</b>	

VIS Given: October 24, 2020

Employee Health Department

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