STERLING HEALTH CARE
School-Based Health Centers

Annual Influenza Vaccine Consent Form-FLU SHOT

Section 1: Information to Receive Vaccine (please print)

NAME (Last)		(First)	(M.I.)	**DATE OF BIRTH** **month_____ day_____ year** _____
ADDRESS				**DAYTIME PHONE NUMBER:**
CITY	**STATE**	**ZIP**		
DOCTOR'S NAME (Last, First)		**Address**	**City**	**Zip**

Section 2: Screening for Vaccine Eligibility

Were you vaccinated with the seasonal influenza vaccine after July 1, 2023?
YES ☐ NO ☐

The following questions will help us to know if you can get the seasonal influenza vaccine. If you answer "NO" to all four of the following questions, you can probably get the influenza vaccine. If you answer "YES" to one or more of the following four questions, you may be able to get the seasonal influenza vaccine, but we will contact you to discuss your options.
Please mark YES or NO for each question.

	YES	NO
1. Do you have a serious allergy to eggs?	☐	☐
2. Do you have any other serious allergies? Please list: _____	☐	☐
3. Have you ever had a serious reaction to a previous dose of flu vaccine?	☐	☐
4. Have you ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐

Insurance information:
Do you have insurance:_____
Primary Insurance:
ID: **Group:**
Secondary:
ID: **Group:**
Policy Holder Name: **Date of Birth:**
Policy Holder Address if different from patient:

Section 3: Consent

CONSENT FOR VACCINATION:
I have read or had explained to me the Vaccine Information Statement for the seasonal influenza vaccine and understand the risks and benefits.

☐ I **GIVE CONSENT** to Sterling Health Care and its staff to be vaccinated with this vaccine.

☐ I **DO NOT GIVE CONSENT** to the Sterling Health Care to be vaccinated with this vaccine.

Signature

_____

Date: month_____day_____year_____

☐ Vaccine Information Sheet Given (8/6/21 pdf)

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
Influenza	☐ IM	/ /			