

**Cleveland County Health Department  
Consent for Seasonal Flu/Pneumonia Vaccine**

**Please Print**

What type of medical insurance do you have? (Check all that apply & give card to clerk to copy)

- Medicare       Medicaid       Private Insurance       None (Self-Pay)

**Circle Yes(Y) or No(N)**

Are you pregnant? **Y N**

Have you ever had a reaction to a Flu shot? **Y N**

Do you attend a college or university at the present time? **Y N**

Are you a Healthcare worker? **Y N**      Have you had a pneumonia shot in the past? **Y N When?**

Last Name		First Name		Middle Initial	Birthdate	Age
Race	Sex	Social Security Number			Marital Status	
Address (Street number and name)					City	
State	Zip Code	County	Phone Number			

**Complete if vaccine recipient is age 6 months through 18 years old:**

<p><b>My Child is: (Please check <input checked="" type="checkbox"/> all that apply)</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Has Medicaid <b>Recipient I.D. number</b> _____ - _____ - _____</p> <p><input type="checkbox"/> Has no Medical Insurance</p> <p><input type="checkbox"/> Has medical insurance but it does not cover immunizations</p>
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**Cleveland County Health Department Notice of Privacy Practices Given**

I have read or have had explained to me the information in the appropriate *Influenza Vaccine Information Statement*. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of receiving the Flu vaccine and ask that the vaccine be given to me or to the above named person for whom I am authorized to make this request. To the best of my knowledge, I am not allergic to any component of the Flu vaccine and do not have any other medical condition that would prevent me from receiving the vaccine.

× \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of person authorized to give consent**

**Seasonal Flu**

<b>Date Administered:</b> _____	<b>Prov.#</b> _____	<b>L deltoid</b>	<b>R deltoid</b>
<b>Lot#/Vaccine Manufacturer</b> _____		<b>L thigh</b>	<b>R thigh Nasal</b>
<b>Signature of Vaccine Administrator</b> _____		<b>VIS Date:8/10/10</b>	

**Pneumonia**

<b>Date Administered:</b> _____	<b>Prov.#</b> _____	<b>L deltoid</b>	<b>R deltoid</b>
<b>Lot #/Vaccine Manufacturer</b> _____			
<b>Signature of Vaccine Administrator</b> _____		<b>VIS Date-10/06/09</b>	