DEPARTMENT OF HEALTH   PLAINVILLE, CONNECTICUT

2010 - 2011 INFLUENZA IMMUNIZATION CONSENT FORM

I HAVE READ OR HAD EXPLAINED TO ME THE ATTACHED VACCINE INFORMATION STATEMENT (VIS) TITLED "WHAT YOU NEED TO KNOW" ABOUT THE INACTIVATED INFLUENZA VACCINE. I HAVE HAD A CHANCE TO ASK QUESTIONS WHICH, IF ASKED, WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THE BENEFITS AND RISKS OF BEING VACCINATED. I CLEARLY UNDERSTAND THAT PERSONS WITH EGG ALLERGIES OR OTHER INFLUENZA VACCINE RELATED ALLERGIES OR REACTIONS SHOULD NOT GET THE SHOT. I ALSO UNDERSTAND THAT THIS IS A VOLUNTARY VACCINATION AND THAT THIS IS MY CHOICE AND AT MY OWN RISK.

I REQUEST THAT THE INACTIVATED INFLUENZA VIRUS VACCINE, FLUZONE [containing the recommended ratio of each: A/California/07/2009 (H1N1), A/Victoria/210/2009 (H3N2) and B/Brisbane/60/2008], **BE INJECTED INTO ME** (or to the person named below for whom I am authorized to make this request)**. I ALSO UNDERSTAND THAT THE VACCINE CONTAINS THIMEROSAL** [a mercury (Hg) derivative].

I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION TO CLINIC STAFF TO DETERMINE MY ELIGIBILITY, HEALTH OR TO PROCESS ANY INSURANCE OR MEDICARE CLAIMS, IF NECESSARY.

______________________________ ____________ ________

Name of person receiving vaccine (print) **Birth Date** **Age** (6 months or older)

____

Home Address **City / Town** **Zip Code**

Check one only: _______ **Plainville resident w/ Medicare: #**______________________

Medicare I.D. #

_______ **Plainville resident w/out Medicare**

_______ **Plainville Municipal employee**

X______________________________________ ________________

Signature of person receiving vaccine (or authorized representative) **Date Signed**

Check appropriate clinic site:

________ **Oct. 25, 2010 at Municipal Center, One Central Square, Plainville, CT**

________ **Oct. 25, 2010 at Our Lady of Mercy, 19 South Canal St., Plainville, CT**

FOR CLINIC USE ONLY**********************************

Manufacturer: *Sanofi Pasteur, Inc, Swiftwater, PA* **Lot #'s:** *U3726AA* or ________________ **Exp. Date:** *June 30, 2011*

Notes:____ **Vaccinator's initials:** ____________