PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DEPT.

2011 - 2012 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 ALSO UNDERSTAND THAT THIS IS A VOLUNTARY VACCINATION AND THAT THIS IS MY CHOICE AND AT MY OWN RISK.

Please answer "Yes" or "No" to the following questions:

1. Are you allergic to eggs, chicken or thimerosal? _____
2. Have you ever had a serious reaction to a flu shot? _____
3. Are you sick with a fever? _____
4. Have you ever had Guillain-Barre Syndrome? _____
5. Are you pregnant or nursing? _____
6. Are you currently receiving radiation, chemotherapy or immunosuppressive therapy? _____

I REQUEST THAT THE INACTIVATED INFLUENZA VIRUS VACCINE [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 MAY CONTAIN LEVELS OF 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**

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

Check one: ____ **Plainville resident w/ Medicare Part B: #**_____
Medicare Part B #

____ **Plainville resident w/out Medicare**

____ **Plainville Municipal employee** _____ **Other**

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

Manufacturer: *Sanofi Pasteur, Inc.* **Lot #'s:** *UH477AD* or _____ **Exp. Date:** *June 30, 2012*

Notes:_____ **Vaccinator's initials:** _____