



**Oklahoma State Department of Health/Choctaw Nation
Influenza Vaccination Partnership**



Consent Form

Last Name: _____ **First Name:** _____ **MI:** _____ **Date of Service:** _____

Date of Birth: _____ **Birth State:** _____ **Gender:** Male Female

Month Day Year Age: ____ Grade: ____

Mothers Maiden Name: _____

Address : _____ **City:** _____ **State:** _____ **Zip:** _____

Phone 1: _____ HOME **Phone 2:** _____ CELL

Guardian Last Name (For children only): _____ **Guardian First Name:** _____

Please circle one: Private Insurance Medicare Medicaid No Insurance

- Race (circle all that applies)**
 1 - Black
 2 - Hispanic
 3 - Asian/Pacific Islander
 4 - American Indian/Alaskan Native
 5 - White

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. School vaccines only: I do not want my child vaccinated unless I am present (a yes answer means your child will not be vaccinated unless you are in attendance). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the person to be vaccinated sick today? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the person to be vaccinated ever had Guillain-Barré Syndrome within 6 weeks after receiving a flu vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the person to be vaccinated have an allergy to a component of the vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |

I have read or had explained to me the information contained in the 2018-2019 Vaccine Information Sheet for the 2018 influenza seasonal vaccine. I have had the chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the seasonal influenza vaccine and consent to receive the seasonal influenza vaccine for myself or my child (if applicable). I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS). If this vaccination is provided to my child in a childcare/school setting, I give my consent for Oklahoma State Department of Health/ Choctaw Nation to administer Influenza Vaccine to my child and disclosure of this vaccination information to the childcare/school setting. **I understand if my child is not cooperative, the vaccine will not be administered.**

Signature: _____ **Date:** _____

OFFICE USE ONLY-DO NOT WRITE BELOW

Vaccine: _____ Lot # _____ Nurse's Signature: _____ Nurse's Initials _____
 VFC Vaccine: _____ Lot # _____
 Site Given:
 RVL=1 LVL= 2 RD = 3 LD = 4