

2016-2017 INFLUENZA
Cabell-Huntington Health Department
703 7th Avenue
Huntington, WV 25701
(304)523-6483

Personal Information (Please Print Clearly): Date _____

Name: _____

Birth Date: _____ **Age:** _____ **Sex:** _____ **Telephone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Have you ever had a serious reaction to the vaccine? Yes No

Have you ever had a serious allergic reaction to eggs? Yes No

Have you ever had Guillain-Barre syndrome? Yes No

I have been given a copy and have read or have had explained to me the information sheet about Influenza Virus Vaccine 2016-2017 dated 8/07/15. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that this be given to me or to the person named above for whom I am authorized to make this request. I acknowledge that I have been offered a copy of the *Notice of Privacy Practices* for the Cabell-Huntington Health Department. This notice explains how my protected health information is used and/or disclosed for the purposes of treatment, payment, and health care operations. *For Medicare Recipients: I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.*

Signature: _____

*****Area Below is for Staff Use Only*****

No Contraindications were identified

Influenza vaccine administered.
Manufacturer _____ Lot # _____ Exp. _____ Location _____

Influenza High Dose Vaccine administered.
Manufacturer _____ Lot # _____ Exp. _____ Location _____

Adm. by Signature _____