

**2019-2020 INFLUENZA**  
**Cabell-Huntington Health Department**  
703 7<sup>th</sup> 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 Vaccine Information Sheet about Influenza Virus Vaccine 2019/2020 dated 8/15/19. 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.

**Signature:** \_\_\_\_\_

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

**No Contraindications were identified**

Influenza vaccine administered.  
Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_ Exp. \_\_\_\_\_ Location \_\_\_\_\_

Administered by Signature \_\_\_\_\_