

2023-2024 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 an allergic reaction to the Flu vaccine? Yes No

Do you have any severe, life-threatening allergies? Yes No

Have you ever been diagnosed with 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 2023/2024 dated 08/06/21. 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 _____