



Tuolumne County Public Health
 20111 Cedar Road North
 Sonora, CA 95370
 (209) 533-7401
 www.tuolumnecounty.ca.gov

Client Registration/Consent Form
 Influenza Immunization Clinic

Office Use Only	Date: _____ Vaccine Lot #: _____
	<input type="checkbox"/> Screening Reviewed
	<input type="checkbox"/> Provider Signature

Person receiving vaccine

First Name	MI	Last Name		
Address	City	State	Zip	
Phone	Email			
Date of Birth (MM/DD/YYYY)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Parent or Legal Guardian (if applicable)	
First Name	Last Name
Relationship to Client	Phone

Screening Questions for person receiving vaccine (Please Circle)

1. Are you feeling sick today (day of the clinic)? If yes, please do not attend the flu clinic.	YES	NO
2. Have you ever had a flu vaccine?	YES	NO
3. Have you ever had a serious reaction to the influenza vaccine in the past?*	YES	NO
4. Do you have an allergy to a component* of the vaccine? (*MSG, arginine, gentamicin, gelatin)	YES	NO
5. Have you ever been diagnosed with Guillain-Barre Syndrome?*	YES	NO
6. Are you pregnant or possibly pregnant?	YES	NO

if you answered YES to any of questions 3-6, please contact your medical provider to receive a flu shot.

Consent to Administer Vaccination & Enter Information Into Immunization Registry

To the best of my knowledge, I understand the benefits and/or risks of the influenza vaccine. I hereby give consent to Tuolumne County Public Health (TCPH) staff for the administration of the vaccine to myself or for the individual for whom I am authorized to make said request. I have received a copy of the most up-to-date Vaccine Information Statement (VIS). I understand that I will have the chance to ask questions and have them answered to my satisfaction. TCPH is authorized to enter my vaccination information into the statewide immunization database. This information could be shared with my healthcare provider as part of my medical record.

Signature: _____	Date: _____
Relationship to Client: _____	