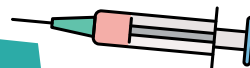


# 2021 FLU VACCINE DRIVE-THRU

**NO COST  
FLU SHOT**



*Shots available for ages 2 & up, while supplies last*

## Wednesday, October 6th

9:00 am - 12:00 pm, 1:00 pm - 4:00 pm

 **Sierra Bible Church**

15171 Tuolumne Rd, Sonora, CA 95370

## Wednesday, October 13th

1:00 pm - 4:00 pm

 **Groveland Library/ Youth Center**

1890 Main St., Groveland, CA 95321

Free flu shots will be offered at the Public Health Department on Tuesdays from 8:30-11:30 a.m. by appointment only. Call 209-533-7401 to make an appointment.

 20111 Cedar Rd N Sonora, CA 95370



STOP  
THE FLU

## KNOW BEFORE YOU GO:

- ONLINE APPOINTMENTS OPEN SEPTEMBER 29TH AT [MYTURN.CA.GOV](http://MYTURN.CA.GOV)
- FACE COVERINGS WILL BE REQUIRED
- WEAR LOOSE FITTING CLOTHING SUCH AS A SHORT SLEEVE SHIRT
- SIT BY THE WINDOW OF THE CAR IF YOU ARE GETTING A VACCINATION
- PARENT OR LEGAL GUARDIAN MUST ACCOMPANY MINORS
- WALK INS ARE WELCOMED, BUT MAY EXPERIENCE LONGER WAIT TIMES. PLEASE HAVE THE REGISTRATION INFO ON THE BACK OF THIS FORM COMPLETED PRIOR TO ARRIVING
- STAY HOME IF YOU ARE FEELING SICK OR EXPERIENCING SYMPTOMS

For more information call: (209) 533-7401  
[www.tuolumnecounty.ca.gov/publichealth](http://www.tuolumnecounty.ca.gov/publichealth)





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

<b>Office Use Only</b>	<b>Date:</b> _____		<b>Vaccine Lot # &amp; Name:</b> _____	
	<input type="checkbox"/> <b>Screening Reviewed</b>			
	<input type="checkbox"/> <b>Provider Signature</b>			
	<b>Injection Site:</b>		<input type="checkbox"/> <b>Left Arm</b>	<input type="checkbox"/> <b>Right Arm</b>

### Person receiving vaccine

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

### Parent or Legal Guardian (if applicable)

<b>First Name</b>	<b>Last Name</b>
<b>Relationship to Client</b>	<b>Phone</b>

### Screening Questions for person receiving vaccine (Please Check YES or NO)

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

#### Please check here:

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

**Date:** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_