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 # & Name:
	□ Screening Reviewed
	□ Provider Signature
	Injection Site: ☐ Left Arm ☐ Right Arm

Person receiving vaccine

First Name	MI	Last Name		
Address	City		State	Zip
Phone	Email			
Date of Birth (MM/DD/YYYY)	Age	Gender ☐ Male ☐ Female ☐ Not Provided ☐ Other		

Parent or Legal Guardian (if applicable)

First Name	Last Name
Relationship to Client	Phone

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

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 allergic reaction (e.g. anaphylaxis) to the influenza vaccine ?	YES ☐	NO ☐
4. Do you have a severe 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 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: