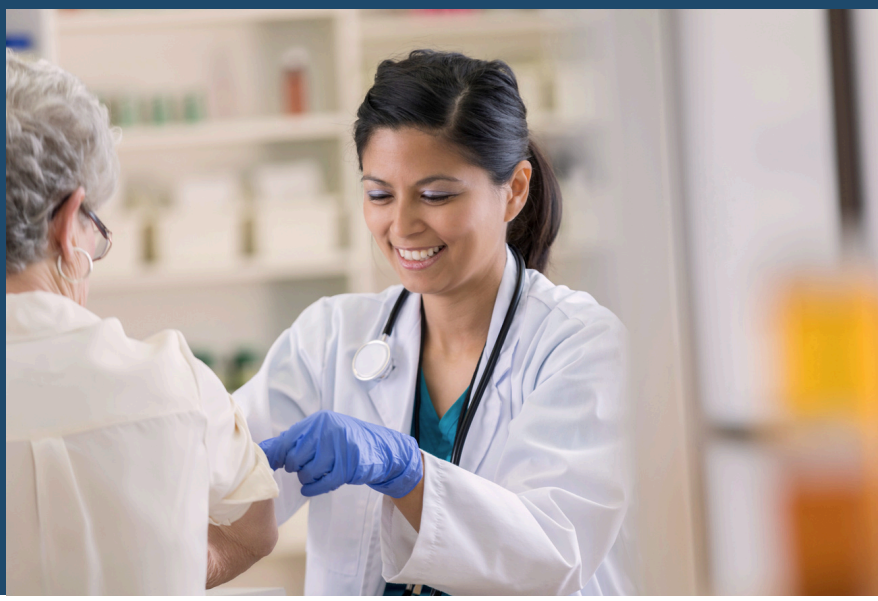
TUOLUMNE COUNTY PUBLIC HEALTH

Flu Vaccine Clinic

Shots available for ages 6 months & up, while supplies last.



Saturday, October 26th , 2024
7 AM - 2 PM
Creekside Building (Mother Lode Fairgrounds)
220 Southgate Dr, Sonora, CA 95370

Know Before You Go:

- This is a FREE clinic.
- Registration forms can be found on our website: tuolumnecounty.ca.gov/1307/Flu-Vaccination-Clinics
- Standard dose flu vaccine. High dose availability to be determined. High dose are recommended by CDC for 65+.
- Wear loose-fitted clothing, such as a short sleeve shirt.
- Parent or legal guardian must accompany minors.

Starting September 24, 2024 free flu shots will be available on Tuesdays for those 6 months & older at the Public Health Department (20111 Cedar Rd N, Sonora, CA 95370)

Call to make an appointment!

Vaccine Information Statements (VIS) (bit.ly/CurrentVISIZOrg)

Tuolumne County Public Health
PREVENT · PROMOTE · PROTECT

Questions? Call the Public Health Department at (209) 533-7401.

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

Flu Vaccination Registration and Consent Form

Office Use Only	Flu Vaccine Brand/Lot#
	Screening/Eligibility Reviewed ☐ SGF ☐ VFC* ages 6 mo. -18 yrs.
	Date & Administrator Name:_____
	Influenza Injection Site: ☐ LD ☐ RD ☐ LVL ☐ RVL

Please Print
Client Receiving Vaccination

Last Name	MI	First Name	
Address	City	State	Zip
Phone ( ) -	**Email**		
Date of Birth (MM/DD/YYYY) _____/_____/_____	Age	Gender ☐ **Male** ☐ **Female** ☐ Non-binary ☐ Decline to answer	
Please indicate medical insurance: ☐ Insured ☐ Uninsured* ☐ Medi-Cal* Medi-Cal#:_____		**Ethnicity**: ☐ Hispanic/Latino ☐ **Non-Hispanic/Latino** ☐ Decline to answer **Race** : ☐ White ☐ Black or African-American ☐ Asian ☐ Asian Indian ☐ American Indian/Alaska Native* ☐ Chinese ☐ Filipino ☐ Native Hawaiian or other Pacific Islander ☐Other Race ☐ Decline to answer	

Parent or Legal Guardian (if applicable)

First Name	**Last Name**
Relationship to Client	**Phone**

Screening Questions for person receiving vaccine (Please check Yes, No, N/A**)**

1. Are you feeling sick today? *If yes, please return to our clinic, once your symptoms have resolved*	Yes ☐	No ☐	
2. Have you ever received a Flu vaccine? *(All children ages 6mo.-8y, who have never had a Flu shot, need 2 doses spaced 1 month apart)*	Yes ☐	No ☐	
3. **Have you ever been diagnosed with Guillain-Barre Syndrome (GBS)? ***	Yes ☐	No ☐	
4. **Have you ever had an allergic reaction to any component of the** flu **vaccine, a previous dose of the** flu **vaccine, polysorbate, another vaccine, or injectable medication?** * (*e.g, anaphylaxis requiring treatment with an EpiPen/epininephrine, or that you to go to the hospital. It would also include an allergic reaction causing hives, swelling or respiratory distress)*	Yes ☐	No ☐	
5. Do you ever feel dizzy or faint before, during or after a shot?	Yes ☐	No ☐	
6. Are you pregnant?	Yes ☐	No ☐	N/A ☐

If you answered YES to questions 3 or 4, Please see you medical provider for vaccination.

☐ **Please check the box for consent of administration of the** Flu Vaccine.

To the best of my knowledge, I have answered the screening questions and understand the benefits and/or risks of the influenza Vaccine. I hereby give consent to the Tuolumne County Public Health (TCPH) staff for the administration of the influenza vaccine to me or for the individual for whom I am authorized to make said request. I have been provided the Vaccine Information Statement (VIS) and understand I will have the chance to ask questions and have them answered to my satisfaction.

Signature:_____ Date: _____

Relationship to Client (if applicable): _____