



**PUTNAM COUNTY DEPARTMENT OF HEALTH**  
1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390  
www.putnamcountyny.gov/health  
A PHAB-ACCREDITED HEALTH DEPARTMENT

## INFLUENZA IMMUNIZATION CONSENT FORM

Name (please print)		Date of Birth	Age	Date of Flu Clinic
Address		City	State	Zip
Grade/Teacher		Sex Male      Female	Phone (where parent can be reached on day of clinic)	
School		NYSIIS Consent ( <b>for those 19 &amp; older ONLY</b> )		
Matthew Paterson 10/19/21      Kent Elementary 10/20/21		(Teachers and Staff)		<input type="checkbox"/> YES <input type="checkbox"/>
Kent Primary 10/20/21   GFMS 11/04/21      Carmel HS 11/05/21				

Is this your first time getting the flu shot? ☐ NO   ☐ YES

Have you ever had a severe life threatening allergic reaction to a flu shot? ☐ NO   ☐ YES

Are you pregnant? ☐ NO   ☐ YES

Have you ever had Guillain Barre syndrome? ☐ NO   ☐ YES

Do you have a severe allergy to eggs, latex, thimerosal or gelatin? ☐ NO   ☐ YES

If Yes, Which one? \_\_\_\_\_

**SEASONAL INFLUENZA CONSENT** I have read the information sheet about **seasonal** influenza vaccination. I understand the benefits and risks of the vaccination as described. I request that the **seasonal influenza** vaccination be given to the patient named above. I authorize the release of any medical or other information necessary for public health purposes.

Name of recipient (parent or guardian) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Area Below to be Completed by Nurse

Are you sick with fever today? (To be completed by nurse on day of clinic) ☐ NO   ☐ YES

VIS Date: 8/6/21 Manufacturer & Lot Number Sanofi-Pasteur UJ695AA Exp. 6/30/22

Administration Site: ☐ Left arm   ☐ Right arm

Reviewed and Administered by: \_\_\_\_\_ Date: \_\_\_\_\_  
Nurse Signature