



SBHC INFLUENZA VACCINATION SCREENING AND CONSENT FORM

There are very few contraindications to the flu shot. Please answer the following screening questions to make sure that the flu shot is appropriate for you. (Please Circle)

- Yes No Are you allergic to eggs or any component of the flu vaccine?
Yes No Do you have a history of Guillan-Barre Syndrome (a severe paralytic illness). If so, you should not get the vaccine.
Yes No Are you moderately or severely ill? If so, you should usually wait until you recover before getting the flu vaccine; people with mild illness can usually get the vaccine.

I HAVE READ THE CDC'S VACCINE INFORMATION STATEMENT TITLED "INACTIVATED INFLUENZA VACCINE 2011-2012...WHAT YOU NEED TO KNOW." I CERTIFY THAT MY CHILD IS NOT ALLERGIC TO EGGS, HAS NO NEUROLOGIC DISEASE, DOES NOT HAVE AN ACUTE RESPIRATORY INFECTION AND HAS NEVER EXPERIENCED A KNOWN ALLERGIC REACTION TO THE INFLUENZA VACCINE.

* PLEASE INITIAL [redacted]

I UNDERSTAND THE BENEFITS AND RISKS OF INFLUENZA IMMUNIZATION AND REQUEST THAT THE VACCINE BE GIVEN TO MY CHILD. I HEREBY ACKNOWLEDGE THAT I RELEASE AND HOLD HARMLESS, THE CHRISTUS SANTA ROSA HEALTH SYSTEM AND ANY OF ITS EMPLOYEES FROM ANY POSSIBLE LIABILITY WHICH MAY BE ASSOCIATED WITH THIS IMMUNIZATION.

* PLEASE INITIAL [redacted]

CONSENT FOR VACCINATION:

I HAVE READ THE ABOVE STATEMENT ALONG WITH THE VACCINATION INFORMATION SHEET. I REQUEST THAT MY CHILD RECEIVE THE VACCINE. I RELEASE CHRISTUS SANTA ROSA FROM ANY LIABILITY.

Student Name (PRINT) _____ DOB _____ Age _____ Sex M F

Signature of Parent _____ Date _____ Telephone Number _____

Printed Name of Parent _____

Vaccine Administrator to complete:

Vaccine Manufacturer: _____ Vaccine Lot # _____

Date Vaccinated: _____ Vaccine Information Sheet Given: yes no

Site of Administration: Right Deltoid Left Deltoid (circle one)

Name of Vaccine Administrator Printed: _____

Signature of Vaccine Administrator: _____