The following questions will help determine if there is any reason you should not receive an influenza immunization injection. **Answering “yes” to any question does not prevent you from being vaccinated.**

It means additional questions will be asked. If a question is not clear, please ask a healthcare provider to explain.

1. Has the person to be vaccinated ever received a flu vaccine?  
   - Yes  
   - No

2. If the person to be vaccinated is a child age 6mo – 8yrs, have they received at least 2 seasonal influenza vaccine doses prior to last July 1st?  
   - Yes  
   - No

3. Is the person to be vaccinated sick today?  
   - Yes  
   - No

4. Does the person to be vaccinated have an allergy to a component of the vaccine?  
   - Yes  
   - No
   
   List all allergies to food/drugs:

5. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?  
   - Yes  
   - No

6. Has the person to be vaccinated ever had Guillain-Barre’ syndrome?  
   - Yes  
   - No

**Request for Administration of Influenza Vaccine for the above named recipient:** I acknowledge that I have received the Vaccine Information Statement and the Hamilton County Health Department’s Notice of Privacy Practices. I have been advised to wait 20 minutes in the observation area after receiving the vaccine. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I hereby release Hamilton County Health Department, their affiliates, employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination.

**PATIENT/PARENT/LEGAL GUARDIAN SIGNATURE:** ________________________________ **DATE:** __________________

**PARENT/LEGAL GUARDIAN NAME:** _________________________________________________________________________

This consent is valid for 12 months from date signed