

Sierra County Health Department
Flu Shot Drive Thru Clinic

Print Name: _____

Birth Date: _____ Age: _____

Address: _____

Phone: _____

Is the person getting the shot 65 years or older?

Yes No

Does the person getting the shot live in a nursing home or chronic care facility?

Yes No

Does the person getting the shot today have a chronic breathing or heart condition (not including high blood pressure)?

Yes No

Does the person getting the shot today have any other chronic medical condition such as diabetes, kidney problems, blood disorders, cancer or any immune disorders like HIV or Lupus?

Yes No

Is the person receiving the shot pregnant or will they be pregnant during the flu season?

Yes No

Does the person getting the shot have any learning disabilities, spinal cord injury, seizure disorder or any other disorder that can compromise their breathing?

Yes No

Is the person receiving the shot today a health care worker or a caregiver for any of the above individuals?

Yes No

Is the person receiving the shot today allergic to eggs, Neomycin or Thimerosal which is so bad that it needs medical treatment?

Yes No

How did you hear about today's clinic?

Newspaper Radio Friend

Other _____

I have read or had explained to me the "Influenza Vaccine Information Statement 2008-09". I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make this request.

Signature

Date

~~~~~  
Manufacturer and Lot Number: \_\_\_\_\_

Signature of person giving the shot: \_\_\_\_\_ Date: \_\_\_\_\_