



Public Health
Solutions

Public Health Solutions Influenza Vaccine Screening/Permission Form 2023-2024

The questions below will be used to decide if you or your child should get *inactivated injectable influenza* vaccine. Answering “yes” to any question does not mean you or your child cannot get flu vaccine today. It means more questions will be asked.

Name: _____ Date of Birth: _____ Sex: Female Male

Address: _____ City/State/Zip: _____

Phone: _____ School: _____

Insurance (ATTACH A COPY) Medicaid/Managed Care (ATTACH A COPY) No Insurance

SCREENING QUESTIONS: Adult/Parent/Guardian: Please answer **ALL** the questions below with **YES or NO**. If this form is not completed, signed and returned to school on or before the date of the clinic, vaccine **WILL NOT** be given.

- | | |
|--|----------|
| 1. Is the person getting vaccine sick today? | Yes / No |
| 2. Does the person getting vaccine have an allergy to any flu vaccine ingredient? | Yes / No |
| 3. Has the person getting vaccinated ever had a serious reaction to a flu vaccine? | Yes / No |
| 4. Has the person getting vaccine ever had Guillain Barré syndrome? | Yes / No |

Permission

- I have been given a copy of the 2023-2024 Influenza Vaccine information Statement (VIS), and I have read and/or had the information on inactivated influenza vaccine read to me.
- I have had the chance to ask questions and had those questions answered in a way I can understand.
- I understand the risks and benefits of getting the vaccine and I ask that the influenza vaccine be given to me or the person named above for whom I can legally give permission.
- I understand and agree that Public Health Solutions and the school are not responsible for any unexpected reactions that may happen.
- I understand and agree that it is my responsibility to get medical attention for myself or my child if an unexpected or allergic reaction happens.

Signature: _____ Date: _____

Patient/Parent/Guardian

OFFICE USE ONLY

Nurse Signature: _____

Please attach vaccine information sticker and sign form.