Cottage Health
GOLETA VALLEY | SANTA BARBARA | SANTA YNEZ VALLEY

Influenza Vaccine Consent 2020-2021

1. Contact information (please print):

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date (mo/day/yr)**:** _____ **Age:** _____
(must be 12 years or older to receive the vaccination)

2. Location:

[ ] Birnam Wood
[ ] Catholic Charities
[ ] Doctor's Without Walls
[ ] First Presbyterian
[ ] Garden Court
[ ] Goleta Presbyterian
[ ] Johnson Court
[ ] Our Lady of Guadalupe
[ ] Path Point
[ ] Other _____
[ ] Gardens on Hope
[ ] St. Joe's, Carpinteria
[ ] St. Mark's, Isla Vista
[ ] St. Vincent's
[ ] Transition House
[ ] Trinity Episcopal
[ ] Trinity Lutheran
[ ] Unity Shop

3. Medical history: Screened by: _____

[ ] yes [ ] no Have you ever received the seasonal flu vaccine before?
[ ] yes [ ] no Have you had any unusual problems when receiving the flu vaccine before?
[ ] yes [ ] no Have you ever had a severe allergic reaction to any vaccine?
[ ] yes [ ] no Do you have a serious allergy to eggs?
[ ] yes [ ] no Do you have an allergy to latex?
[ ] yes [ ] no Do you have a history of Guillian-Barre – a neurological illness characterized by weakness and paralysis?
[ ] yes [ ] no Do you currently have a fever or acute illness?
[ ] yes [ ] no Are you pregnant and/or breast-feeding?
[ ] yes [ ] no Are you on blood thinners (e.g., aspirin, coumadin, plavix, lovenox, heparin, xarelto)? If yes, please hold the injection site longer to prevent bleeding.
[ ] yes [ ] no Have you ever been diagnosed with heart disease, diabetes, and/or respiratory disease?

4. Consent:

I hereby authorize that I be inoculated with the inactivated Influenza vaccine, which is standardized according to CDC requirements for the 2020-2021 influenza season. I understand that there is no guarantee that complete immunity will result from this immunization. I have been given a copy and have read, or have had explained to me, the information in the *Vaccine Information Statement* for Influenza Vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand that side effects may include soreness at the injection site, tiredness, or muscle aches. I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me.

Signature of person to receive vaccine: _____ Date: _____

Signature of parent/guardian if person to receive vaccine is <18: _____ Date: _____

5. Optional:

I would like to receive information regarding Cottage Health events and news.

Email address: _____

Manufacturer: ID Biomedical Corporation of Quebec Lot Number: 3X2KX Expiration Date: 6/30/21

Location of injection: [ ] Left deltoid IM [ ] Right deltoid IM

Date of vaccination: _____ Signature of vaccine administrator: _____