



Harford County Health Department

Main Office: 120 S. Hays Street • P.O. Box 797 • Bel Air, Maryland 21014 • 410-838-1500

Public Health
Prevent. Promote. Protect.
Harford County
Health Department

Marcy Austin • Acting Health Officer
Andrea Pappas • Acting Deputy Health Officer



Influenza Immunization Consent Form

Please Print Information

I have read or have had explained to me the information on this form about INFLUENZA and the INFLUENZA VACCINE. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

CHILD NAME: Last _____ First _____ MI _____

GENDER: M F Other _____ **BIRTHDATE:** _____ **AGE:** _____

PHONE: - - _____ **MOTHER'S MAIDEN NAME:** _____

INSURANCE TYPE: Private Medicaid/Medical Assistance Medicare No Insurance

ADDRESS:

City _____ State _____ Zip _____

I acknowledge that I have received, today or in the past, a copy of the Notice of Privacy Practices.

The Notice is available at tinyurl.com/hchdprivacy.

Parent/Guardian

SIGNATURE _____ **DATE** _____

1. Does the child have a fever?..... Yes No
2. Is the child allergic to eggs?..... Yes No
3. Has the child ever had a serious reaction to flu vaccine in the past?..... Yes No
4. Has the child ever developed Guillain-Barre Syndrome within six weeks of getting a flu vaccine?..... Yes No

For Clinic Use Only

Date of Clinic: _____

Manufacturer and Lot#: _____ or Apply label:

Administration site (check one): LA RA

Nurse's signature (or initials if signature is on file): _____