

LASSEN COUNTY PUBLIC HEALTH

Influenza Vaccination Clinic Consent Form 2020-2021

PLEASE PRINT CLEARLY

If you need assistance with this form please notify staff

NAME (Last)	(First)	(M.I.)	Gender MALE FEMALE
ADDRESS		CITY	
CITY	STATE	ZIP	PHONE NUMBER
DATE OF BIRTH		AGE	MOTHERS FIRST NAME

IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS, FEVER, COUGH, SHORTNESS OF BREATH. PLEASE NOTIFY A MEMBER OF THE STAFF IMMEDIATELY

Have you had a fever in the past 24hrs?	YES	NO
Have you tested positive for COVID-19?	YES	NO
If yes date of release of Isolation	-----	-----
Have you ever had a serious reaction after receiving a vaccination?	YES	NO
Do you have allergies to medications, food, a vaccine component, or latex?	YES	NO
Have you received any vaccinations in the past 4 weeks?	YES	NO
Have you ever had Guillain-Barré Syndrome (also called GBS)?	YES	NO
Do you have any of the following medical conditions? Chronic pulmonary, cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)	YES	NO
For women: Are you pregnant?	YES	NO

The "Influenza Vaccine Information Statement, 2020-2021" has been made available to me. 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 the request. I understand that this vaccination will be entered into our Immunization database for inventory tracking purposes and have reviewed the HIPPA statement on the back of this form.

Signature _____ Date: _____

FOR STAFF USE ONLY

<p>Lot# _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">BODY SITE CODE</p> <p style="text-align: center; margin: 0;">LD RD</p> <p style="text-align: center; margin: 0;">OTHER _____</p> </div> <p>Nurse Signature: _____ Date: _____</p>	<p>CLINIC</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Jensen Hall</td> <td><input type="checkbox"/> Doyle</td> </tr> <tr> <td><input type="checkbox"/> Bieber</td> <td><input type="checkbox"/> Senior Center</td> </tr> <tr> <td><input type="checkbox"/> Eagle Lake</td> <td><input type="checkbox"/> Herlong</td> </tr> <tr> <td><input type="checkbox"/> SSM</td> <td><input type="checkbox"/> Westwood</td> </tr> <tr> <td><input type="checkbox"/> Public Health</td> <td><input type="checkbox"/> _____</td> </tr> </table>	<input type="checkbox"/> Jensen Hall	<input type="checkbox"/> Doyle	<input type="checkbox"/> Bieber	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Eagle Lake	<input type="checkbox"/> Herlong	<input type="checkbox"/> SSM	<input type="checkbox"/> Westwood	<input type="checkbox"/> Public Health	<input type="checkbox"/> _____
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The complete definition of Protected **Health Information (PHI)**

Any individually identifiable health information, whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing-house; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual. Any data transmitted or maintained in any other form or medium by covered entities, **including paper records, fax documents and all oral communications**, or any other form, i.e., screen prints of eligibility information, printed e-mails that have identified individual's health information, claim, or billing information, hard copy birth or death certificate.

Protected health information excludes: school records that are subject to the Family Educational Rights and Privacy Act; and employment records held in the County's role as an employer.

Uses and Disclosures for Public Health Activities

According to the Health and Safety Code Part II 45 CFR 164,501 Lassen County Public Health Department is a covered entity which may disclose protected health information for certain specified public health activities which may be, but not limited to:

- Disease prevention and control, including reporting
- Vital records reporting
- Public Health surveillance
- Legally authorized disclosure of protected health information to a person or persons who may be at risk of contracting or spreading a reportable disease
- Certain providers hired by employers may provide information to the employer related to workplace medical surveillance or work-related illness or injury
- Reporting under Food and Drug Administration requirements for adverse events or problems related to certain regulated projects