



Recorded in WIR: \_\_\_\_\_

# Child Consent Form

## INFLUENZA VACCINE ADMINISTRATION RECORD

### 2020-2021 FLU SEASON

The Greendale Health Department will record the information on this form in the Wisconsin Immunization Registry (WIR) and keep this paper record in a secure place.

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

NAME: \_\_\_\_\_  
Last First M.I. Date of Birth Age

ADDRESS: \_\_\_\_\_ Apt/Unit No. \_\_\_\_\_

VILLAGE/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent, guardian, POA or adult receiving vaccine.)

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### FOR CLINIC STAFF USE ONLY

VACCINE	ADMIN. SITE	MFG.	LOT NO.
Influenza-IM	LD RD LV RV	GSK	494S5
Influenza-nasal	Intranasal	FluMist	MH2201

ADMINISTERED BY:  
Greendale Health Department  
5650 Parking St.  
Greendale, WI 53129 414-423-2110

DATE ADMINISTERED: \_\_\_\_\_

Vaccine Administrator's SIGNATURE: \_\_\_\_\_



### Circle Vaccine Administered

FluLaval 0.5 mL

FluMist 0.2 mL

**ALL CLIENTS MUST BE ASKED THE FOLLOWING 5 QUESTIONS:**

	YES	NO
1. Is the person to be vaccinated younger than 6 month old as of today?	_____	_____
2. Is the person to be vaccinated sick today with a temperature $\geq 100.4^{\circ}$ F?	_____	_____
3. Does the person to be vaccinated have an allergy to eggs?	_____	_____
4. Has the person to be vaccinated ever had an allergic reaction to any (live or inactivated) influenza vaccine?	_____	_____
5. Has the person to be vaccinated ever had Guillain-Barre syndrome within 6 weeks after receiving a flu vaccine?	_____	_____

**INTRANASAL (FluMist) FLU VACCINE CLIENTS ONLY:**

1. Is the person to be vaccinated younger than 2 or older than 49?	_____	_____
2. Does the person to be vaccinated have an allergy to gelatin or gentamicin?	_____	_____
3. Does the person to be vaccinated have any type of underlying medical conditions (chronic pulmonary, cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders, including diabetes?	_____	_____
4. Does the person to be vaccinated have asthma, or for children aged 2 to 4years, a diagnosis of asthma or whose health care provider told them their child had wheezing or asthma during the preceding 12 months?	_____	_____
5. Is the person to be vaccinated immunocompromised due to any cause?	_____	_____
6. Is the person to be vaccinated a close contact or caregiver of severely immunosuppressed persons who require a protected environment?	_____	_____
7. Is the child aged 2 through 17 years receiving aspirin or aspirin-containing products?	_____	_____
8. Is the person to be vaccinated pregnant?	_____	_____
9. Does the person have active communication between the CSF and oropharynx, nasopharynx, nose or ear or any other cranial CSF leak?	_____	_____
10. Has the person to be vaccinated received influenza antiviral medicine in the last 17 days?	_____	_____
*Oseltamivir/Zanamivir (Tamiflu)	48 hours	
*Peramivir (Rapivab)	5 days	
*Baloxavir (Xofluza)	17 days	
11. Does the person to be vaccinated have a cochlear implant?	_____	_____

**SCREENER'S SIGNATURE: \_\_\_\_\_ VIS DATED 8/15/19: \_\_\_\_\_**