



the Chickasaw Nation

Department of Health

Influenza Immunization Consent for Oklahoma State Department of Health/Chickasaw Nation Partnership

Bill Anoatubby
Governor

Patient Identification

Name: _____ Today's date: _____

First _____ Middle _____ Last _____ Suffix _____

Birth date: _____ Gender: Male Female MAIDEN NAME _____ BIRTH STATE _____

Address: _____ Street _____ City _____ State _____ ZIP _____

Phone: (____) _____ Mother's maiden name: _____

Parent/legal guardian name (for children only): _____ First _____ Middle _____ Last _____ Suffix _____

Please check one:

- Private insurance Medicaid
- Medicare No insurance

1. Is the person to be vaccinated sick today? Yes No
2. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? Yes No
3. Has the person to be vaccinated ever had Guillain-Barré Syndrome within 6 weeks after receiving the flu vaccine? Yes No
4. I understand if my child is not cooperative, the vaccine will not be administered? Yes No
5. My child may receive this vaccine without my presence? Yes No

I have read or had explained to me the information contained in the 2020-2021 Vaccine Information Sheet for the 2020 influenza seasonal vaccine. I have had the chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the seasonal influenza vaccine and consent to receive the seasonal influenza vaccine for myself or my child (if applicable). I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS). If this vaccination is provided to my child in a childcare/school setting, I give my consent for Oklahoma State Department of Health/Chickasaw Nation to administer influenza vaccine to my child and disclosure of this vaccination information to the childcare/school setting.

Signature _____ Date _____ Time _____

Parent/legal guardian signature (if child) _____ Date _____ Time _____

OFFICE USE ONLY - DO NOT WRITE BELOW

Vaccine: **FLUVARIX QD** Lot no.: **JX3RK** Exp. date: **06/30/2021**

Site given: RVL=1 LVL=2 RD=3 L=4
Nurse (print name) _____ Nurse signature _____ Date/time _____