

Nevada Division of Public and Behavioral Health  
Rural and Community Health Services  
2021-2022 Seasonal Influenza Consent Form

Insight # _____
WebIZ # _____

Please **PRINT** the following information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City state and ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Sex Male Female Marital Status \_\_\_\_\_ How old are you today \_\_\_\_\_ Are you Hispanic Yes No

Is your race White / Black-African American / American Indian-Alaskan Native / Asian / Native Hawaiian-Pacific Islander

**Please answer the following questions. Check one box per question.**

	Yes	No
1. Is the person to be vaccinated sick or had any signs, symptoms, or exposure to COVID in the past TWO WEEKS?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated today, had a COVID vaccination in the past TWO WEEKS?	<input type="checkbox"/>	<input type="checkbox"/>

**Consent and Release Statement**

I have received and understand the Vaccine Information Statement for Influenza to be administered to me or to the person named above, for whom I am authorized to make this request. I also agree to allow my immunization information, or the person named above, for whom I am authorized to make this request to be stored and accessed by users in Nevada's "WebIZ" computer system unless I indicate otherwise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

**Influenza Quad Inj. P (Flulaval Quad PF 2021-2022 (0.5mL sd syr) SKB (6 months and older):**

**317 LOT# 2579B Exp. 6/30/22**

SITE: IM Deltoid:  Left  Right

IM Thigh:  Left  Right

Nurse Signature \_\_\_\_\_

Humboldt County  
Community Health Clinic  
50 E. Haskell St. Suite B  
Winnemucca, NV 89445

- Homebound
- Clinic
- POD
- Other \_\_\_\_\_

Entered into WebIZ \_\_\_\_\_