## UnitedHealthcare #\_

Visit our Flu Shot Clinic in the Admin. Building - Tuesday, October 2nd from 1 pm to 5 pm

Vaccine PATIEN		There's a way to		ı		ĉlinic'					,
Vaccine Administration Record (VAR) Informed Consent for Vaccination For All Health Care Providers* PATIENT: COMPLETE SECTIONS A, B, C								LOCATION			
BECTION A	A Please	print clearly.			1	4+1				ΔTS	G
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nysician Ad	ddress	***************************************			l		······································	i	1	Sta	te
ECTION	<b>B</b> The following q	uestions will help us	determine your eli	gibility to be vaccinated	today. For A	l Vaccines: Pi	ease answer qui	estions 1-12.	YES	NO	DOI
or Live Vac	xines (e.g. Flu Na	sal Spray or Shingles	s): Please answer o	questions 1-19.		)* * <b>* * *</b> * * * * * * * * * * * * * *					KN
1. Whi				ase check all requeste		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2 Do	ou feel sick today?	Fili Nasai Spray (iii	ve – ages 2 to 49 o	niy) Pneumonia	Shin	gles : C	Other	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
· · · · · · · · · · · · · · · · · · ·		madications fond or w	acciona? (Cuarralos)	Eggs, Bovine Protein, Gel	otia Caatamial	Dolomorio M	namusia Dhagal a			ļ	•••••
if y	es, please list the	allergies:	dumes (cxamples:	cggs, bovine motein, bei	aim, Gentainich	r, raiyiriyxiir, isi	conycat, Phenoi o	r i i milerosal)			
4. Hav	e you received any va	ived any vaccinations in the past 4 weeks? If yes, please fist the vaccination:									
5. Hav	re you ever had a serious reaction to an influenza vaccine or any other vaccine in the past?										
5. Have 6. Have othe	ave you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barre Syndrome (a condition that causes paralysis) or her nervous system problem?										
7. Are	you 65 years of age										•••••
	Do you smoke?										
9. Do y	ou have a chronic co	andition or long term he	ealth problem? <b>If ye</b> s	r, please check all that Kidney disease	apply.	,					
					Liver dise	ase Lun	g disease : (	Other		ļ	
	vou a health care wo	uestion #7, 8 or 9, have	a you ever nad a pnet	Imonia vaccination?		·····	·	···		<b></b>	
		*************	coming organism in I	the east month?	****************			**************************		<b> </b>	
	montant vite you pret	Judit of considering oc	County pregnant in	the next month?			*******************	······			
		ve a nasal conditi	on serious enou	igh to make breathi	ng difficult,s	uch as a ve	y stuffy nose?	'(for FluMist® o	nly)		
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