



PO Box 556 - 8001 W. 5th Street
 Bowdle, SD 57428-0556
 Phone: 605-285-6146
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2020-21 Inactivated Injectable Influenza Consent Form

- 1) Stay home if you do not feel well.
- 2) Review the separate Vaccine Information Statement.
- 3) Fully complete and SIGN the consent form BEFORE YOU ARRIVE.
- 4) Those needing Special Vaccine, such as egg free or preservative free need to call 285-6419 to notify
- 5) Wear clothing that allows easy access to the upper arm- upper thigh for infants and preschoolers.
- 6) Everyone in the vehicle over 2 years of age must WEAR A FACE MASK.
- 7) Enter the drive-through clinic under the hospital canopy entrance from the east.
- 8) Plan to wait in the designated area for 15 minutes after vaccination.
- 9) Restroom facilities will not be available. Please plan accordingly.

Patient Name: _____	Date Of Birth: _____
Age: _____ Phone Number: _____	Soc. Sec. # _____
Address: _____ City: _____ State: _____ Zip _____	
Medicare # _____	Medicaid # _____
Primary/Secondary Insurance Company _____	ID # _____

Please answer the following questions:

- | | | |
|--|-----|----|
| Are you ill today? | Yes | No |
| Are you allergic to Eggs or any component of the flu vaccine? | Yes | No |
| Have you ever had Guillain-Barre Syndrome? | Yes | No |
| Have you ever had a serious reaction after receiving a flu shot? | Yes | No |

Influenza Vaccine Consent:

I have been provided a copy of and have read or have had explained to me the information about influenza and the vaccine listed below. 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 and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request. For insurance coverage indicated above, I give permission to Bowdle Healthcare Center to submit a claim to my insurance for services provided and authorize payment of my insurance benefits directly to the Bowdle Healthcare Center.

X

Signature of person to receive vaccine or guardian

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPPA Privacy Act standards and requirements. Immunization records remain confidential, and any person who fails to protect the information is guilty of a Class 1 misdemeanor. If you choose **NOT** to have you/your child's immunization record shared with other providers, you may request a refusal form.

Administered 0.5 ml influenza vaccine I.M.

Lot # _____

Injection site: Right or Left Deltoid Thigh (please circle)

Exp. _____

Assessed and administered by: _____

Date: _____