



the
Chickasaw
Nation

Department of Health

Bill Anoatubby
Governor

Patient Identification

Influenza Immunization Consent for Public Health Nursing

Name: _____ Today's date: _____
First Middle Last Suffix

Birth date: _____ Gender: Male Female CNDH chart no.: _____ Employee ID no.: _____

Address: _____
Street City State ZIP

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

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

Emergency contact: _____ Emergency contact phone no.: (_____) _____

Please check one:

Private insurance (policy/group no. including letter): _____ Medicaid (no.): _____
 Medicare (no. including letter): _____ No insurance

Race: (check all that apply)
 Black
 Hispanic
 Asian/Pacific Islander
 American Indian/Alaskan Native
 White

- 1. Is the person to vaccinated sick today? Yes No
- 2. Has the person to be vaccinated ever had a serious reaction to influenza vaccine or eggs 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 2021-2022 Vaccine Information Sheet for the 2021 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).

Signature Date Time

Parent/legal guardian signature (if child) Date Time

OFFICE USE ONLY – DO NOT WRITE BELOW

Vaccine: _____ Lot no.: _____ Exp. date: _____

Site given: RVL LVL RD LD _____
Nurse (print name) Nurse signature Date/time