



Instructions for Completing Influenza Vaccination Consent and Screening Forms

In order to be vaccinated at this site, anyone under 18 years old must submit two forms that have been completed and signed by a parent or guardian. Please print clearly in capital letters using blue or black ink, and fill in all bubbles completely.

- The Influenza Vaccination Screening and Consent Form provides parental permission for a child under 18 to receive the H1N1 influenza vaccine.
- The Screening Form for Influenza Vaccination provides basic health information to ensure that vaccination is appropriate.

INFLUENZA VACCINATION SCREENING AND CONSENT FORM

Patient Information

In the space provided, write in the name, age and birth date of the person getting vaccinated. Then fill in the bubble for male or female and write in the person's address and telephone number.

Facility Code

This section is filled in by the staff at the vaccination site. Each site has a unique Facility Code to identify it.

Student ID/OSIS Number

If the person getting vaccinated is enrolled in the New York City school system, fill in his or her Student ID or OSIS Number.

Acknowledgment/Consent and Signature

The Acknowledgment/Consent and Signature section indicates that you have read the information about the vaccine and the use of health-screening information, that you authorize the release of the information to the Health Department, and that you will notify your or your child's physician of this vaccination.

Citywide Immunization Registry (CIR) Authorization

Adults age 19 or older should fill in the Yes or No bubble. This determines whether the vaccination can be recorded in the Citywide Immunization Registry.

SCREENING FORM FOR INFLUENZA VACCINATION

The Screening Form for Influenza Vaccine asks questions that help determine whether a person should an influenza vaccination and to identify the best type of vaccine for that person. After reading each question, answer Yes, No or N/A in the boxes provided. If you answer yes to any of the General Influenza Vaccine Questions (questions 1-6 on the top half of the page), please describe the allergy, reaction, or illness in the space provided.

For more information about influenza vaccination, please refer to the Vaccine Information Sheet for the H1N1 vaccine.