



Flu Immunization Registration/Release Form

(Please fill out information completely)

Registration Information

Last name	First Name	Middle Initial	Date of Birth	Age
Address			City/State	Zip

Home Phone	Cell Phone	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		

1. Is the person being vaccinated sick today? Yes No
2. Does the person being vaccinated have an allergy to a component of the vaccine? Yes No
3. Has the person being vaccinated ever had a serious reaction to influenza vaccine in the past? Yes No
4. Has the person being vaccinated ever had Guillain-Barré syndrome? Yes No
5. I acknowledge and give my consent to release the use of any images of me obtained during this event to be used in any publication or news release promoting or reporting on this event. Yes No

Insurance Information for 3 - 18 yr-olds only: <input type="checkbox"/> No Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Third Party Insurance		
Services Requested: <input checked="" type="checkbox"/> Influenza (flu shot)	I have requested vaccination services from the Florida Department of Health in Putnam County as indicated above. I have received and understand information provided in the Vaccine Information Statements.	

Signature: _____ Date: 10/19/2018

OR

Name of Legal Representative: _____

Relationship to Client: _____

Signature of Legal Representative _____

OFFICE USE ONLY

Route/Site	Mfg./Lot #
IM <input checked="" type="checkbox"/> Deltoid <input type="checkbox"/> Left <input type="checkbox"/> Thigh <input type="checkbox"/> Right <input type="checkbox"/>	
Date Administered: <u>10/19/2018</u>	Nurse Signature: _____
# in the car that received vaccine: _____	Print Nurse Name: _____
Triage Check In Time: <input type="text"/>	Vaccinator Check Out Time: <input type="text"/>
Drive-Off Check Out Time: <input type="text"/>	

- | | | |
|--|--|---|
| <input type="checkbox"/> Palatka High School
302 Mellon Road
Palatka, FL 32177 | <input type="checkbox"/> Interlachen High School
126 County Road 315
Interlachen, FL 32148 | <input type="checkbox"/> Crescent City High School
2201 US 17
Crescent City, FL 32112 |
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