

Flu Vaccination Consent Form 2012 - 2013

姓 <input style="width: 100%; height: 20px;" type="text"/>	名 <input style="width: 100%; height: 20px;" type="text"/>	中間名的字母 <input style="width: 100%; height: 20px;" type="text"/>
住址 (家號碼和街名) <input style="width: 100%; height: 20px;" type="text"/>		房間號碼 <input style="width: 100%; height: 20px;" type="text"/>
城市 <input style="width: 100%; height: 20px;" type="text"/>		郵政編碼 <input style="width: 100%; height: 20px;" type="text"/>
區號 <input style="width: 100%; height: 20px;" type="text"/>		電話號碼 <input style="width: 100%; height: 20px;" type="text"/>
母親的名子 <input style="width: 100%; height: 20px;" type="text"/>		出生日期 (例如 05/18/1980) <input style="width: 100%; height: 20px;" type="text"/>
人種 / 種族 選擇其中之一		性別 <input type="radio"/> 男 <input type="radio"/> 女
<input type="radio"/> 亞洲人 <input type="radio"/> 黑人 / 非洲美國人 <input type="radio"/> 夏威夷原住民 / 亞太		<input type="radio"/> 拉美裔/拉丁美洲人 <input type="radio"/> 白種人 <input type="radio"/> 其它 <input type="radio"/> 美國印第安人 / 阿拉斯加原住民 <input type="radio"/> 多種 - 種族
1) 您今天是否有發高燒或身體不舒服?		<input type="radio"/> 是 <input type="radio"/> 否
2) 您是否也許或正在懷孕當中?		<input type="radio"/> 是 <input type="radio"/> 否
3) 您是否對流感疫苗有嚴重的過敏反應而需要藥物來控制?		<input type="radio"/> 是 <input type="radio"/> 否
我同意接種疫苗 簽名 <input style="width: 100%; height: 20px;" type="text"/>		十八歲以下須填寫父母或監護人姓名 <input style="width: 100%; height: 20px;" type="text"/>
停止 - 禁止在此線以下填寫		SCREENER INITIALS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4) REQUIRED: CAIR disclosure form reviewed with client?		<input type="radio"/> Yes
5) Do you have a severe allergy to eggs?		[If YES, See Egg Allergy Guidelines] <input type="radio"/> Yes <input type="radio"/> No
6) Do you have an allergy to thimerosal?		<input type="radio"/> Yes <input type="radio"/> No
7) Do you have an allergy to latex?		[If YES, Do NOT Administer GSK - Fluarix] <input type="radio"/> Yes <input type="radio"/> No
8) Have you ever had Guillain-Barré Syndrome (GBS)?		<input type="radio"/> Yes <input type="radio"/> No
9) Have you received any of these vaccines in the last 4 weeks?		[MMR, Varicella, LAIV, Shingles] <input type="radio"/> Yes <input type="radio"/> No
10) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic disease (i.e. diabetes); Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Immune System Disorder (i.e. HIV / AIDS, steroid therapy)		[If YES, Administer TIV ONLY] <input type="radio"/> Yes <input type="radio"/> No
11) Is the person to be vaccinated between 2-49 years old? (Verify Age) *		[If NO, Administer TIV] <input type="radio"/> Yes <input type="radio"/> No
If the vaccination is for a child, ask these questions:		[If YES to either, Administer TIV ONLY]
12) If child is < 5 years, have they been diagnosed with wheezing in the last 12 months?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
13) Is child taking long term medicine therapy containing ASPIRIN?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
14) For persons under 19 years, select VFC eligibility. (choose one)		<input type="radio"/> Uninsured <input type="radio"/> Medi-Cal / CHDP <input type="radio"/> American Indian / Alaskan Native <input type="radio"/> Not VFC eligible
Flu Vaccine VIS 07/02/2012 Manufacturer and Lot Number Dosage Site Admin. Initials		
<input type="radio"/> INACTIVATED Flu Shot <input type="radio"/> LIVE Nasal Spray		
DOSE # <input type="radio"/> 1 <input type="radio"/> 2		
Manufacturer <input type="radio"/> SP <input type="radio"/> NOV <input type="radio"/> MI		
Lot Number		
<input type="radio"/> 0.10 mL <input type="radio"/> LD <input type="radio"/> RD <input type="radio"/> 0.25 mL <input type="radio"/> LT <input type="radio"/> RT <input type="radio"/> 0.50 mL <input type="radio"/> Intranasal <input type="radio"/> 0.20 mL		
Date Administered (ex. 10/30/2012) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>		* REMINDER LAIV Is Only For Healthy Clients 2 Thru 49 Years Of Age, Who Are NOT Pregnant
Language Interpreter Signature:		Nurse Instructor Signature:
Chinese		