FLU SHOT CLINICS
FOR COUNTY EMPLOYEES

The vaccine is Quadrivalent

Tuesday, September 24, 2019
County/City Building — Room 113
555 South 10th Street
7:30 a.m. — 9:00 a.m.

Wednesday, September 25, 2019
County/City Building – Room 112 (Main Chambers)
555 South 10th Street
7:30 a.m. — 9:00 a.m.

Thursday, September 26, 2019
County Engineer Administration Conference Room
444 Cherrycreek Road
7:30 — 9:00 a.m.

*County Employee Cost = None
(Wellness Program Benefit)

To help expedite the process, please have your consent form filled out prior to your arrival.
Also, please dress appropriately (easy access to upper arm area) to facilitate receiving the flu immunization.
"The on-site clinics are for EMPLOYEES ONLY.

Employees who cannot make the on-site clinics may go to:

Kohl’s Rx
800 N. 27th Street (North 27th and Vine)
Hours of operation are M – F 8:00 a.m. to 7:00 p.m.
Saturday 9:00 a.m. to 2:00 p.m.
Also, spouses may go to the pharmacy and receive
a flu shot. It will be $24.00 per person for the Quadrivalent
No checks will be accepted — cash only

Just a reminder

If you are pregnant or nursing, you must have a doctor’s note authorizing the administration of the influenza vaccine."
INFLUENZA VACCINATION ASSESSMENT, RELEASE & CONSENT FORM

The following information is to be completed by individual receiving the immunization. Please print legibly.

Date: ___________________________ Corporation Name: ___________________________

Name: ___________________________ DOB: ___________ Sex: ☐ MALE ☐ FEMALE

Home Address: _____________________ City: ___________________ State: _______ Zip: _______

Phone: ___________________________ Cell: ___________________ Email: ___________________

Are you a spouse/domestic partner of an employee? If yes, please list their name: ___________________________

Insurance Policy Identification Number: ____________________________________________

Please circle the answers to the following questions:

1. Have you ever had a severe reaction to any vaccine? YES NO
2. Do you have any severe drug or food allergies?
   If yes, are you allergic to EGGS, CHICKEN or CHICKEN FEATHERS? YES NO
   If yes, are you allergic to THIMEROSAL, NEOMYCIN or GELATIN? YES NO
   If yes, are you allergic to POLYMIXIN B, KANAMYCIN or GENTAMICIN? YES NO
   If yes, are you allergic to POLYSORBATE 20 or 80 or HYDROCORTISONE? YES NO
3. Do you have a substantial fever, diarrhea or vomiting? YES NO
4. Are you allergic to LATEX? YES NO
5. Women: Have you had a mastectomy? YES NO
6. Women: Are you pregnant or nursing? YES NO

If you answered YES to any of the above, the healthcare professional will have to determine if this vaccine is right for you.

I have read the above information or have had the information explained to me. I have had a chance to ask questions and these have been answered to my satisfaction. I understand the benefits and the risks of the influenza vaccine and ask that the vaccine is given to me, or to the person named above for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems with this vaccination. I authorize billing of this vaccine to my health insurance. If for any reason my insurance does not pay for the vaccination, I agree to pay the full amount of the procedure.

Signature: ___________________________ Date: ___________________________

PLEASE DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY NURSE PERSONNEL.

<table>
<thead>
<tr>
<th>VACCINE MANUFACTURER</th>
<th>LOT #</th>
<th>EXP. DATE</th>
<th>DOSE ADMIN</th>
<th>ADMIN SITE</th>
<th>ADMIN BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLULAVAL</td>
<td></td>
<td></td>
<td>☐ 0.5 ML</td>
<td>☐ LT DT</td>
<td></td>
</tr>
<tr>
<td>AFLURIA</td>
<td></td>
<td></td>
<td></td>
<td>☐ RT DT</td>
<td></td>
</tr>
<tr>
<td>FLUCELVAX</td>
<td></td>
<td></td>
<td>☐ 0.25 ML</td>
<td>☐ RT THIGH</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td>☐ LT THIGH</td>
<td></td>
</tr>
</tbody>
</table>

NURSE: If payment was received at clinic, please list. CHECK # __________________ CASH AMOUNT: ___________________________

Version 08.15.19