

2022-2023 Live Attenuated Influenza Vaccine Consent Form (Administered only in office setting)

<p>Information about person to be vaccinated (please print)</p> <p>Last Name: _____ Age: _____ Sex: _____ M _____</p> <p>First Name: _____ Date of Birth: _____</p> <p>Race: _____ Language: _____</p> <p>Ethnicity: _____ Hispanic or Latino _____ Non Hispanic or Latino</p> <p>Mailing Address: _____ Zip: _____</p> <p>City _____ Phone #: _____</p> <p>For child: Parent's name _____</p>	<p>For office use only:</p> <p>Assessment of vaccination history for child under age 9</p> <p>_____ Child will need 2nd dose</p> <p>_____ Additional information needed</p> <hr/> <p>Clinic: _____</p>
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The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPAA Privacy Act standards and requirements. Immunization records remain confidential, and any person who fails to protect this information is guilty of a Class 1 misdemeanor. If you choose not to have the record of this immunization shared with providers you may request a refusal form.

<p>Insurance Status * Children age 18 and under in starred categories are eligible for Vaccines for Children Program</p> <p>_____ Insurance (ATTACH COPY OF CARD)</p> <p>_____ Medicaid * (ATTACH COPY OF CARD)</p> <p>_____ No Insurance *</p> <p>_____ Insurance that DOES NOT cover vaccines *</p> <p>_____ American Indian or Alaskan Native under age 18 yrs. *</p>		<p>For Dependent Covered by Private Insurance</p> <p>Name of Policy Holder _____</p> <p>Policy Holder Date of Birth _____</p> <p>Relationship _____</p>
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Answer for the person to be vaccinated:					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Yes</th> <th style="width:25%;">No</th> <th style="width:25%;">N/A</th> <th style="width:25%;">Don't Know</th> </tr> </table>	Yes	No	N/A	Don't Know
Yes	No	N/A	Don't Know		
1) Is the person sick today?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
2) Does the person have an allergy to eggs or to an ingredient of the influenza vaccine?.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
3) Has the person ever had a serious reaction to influenza vaccine in the past?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
4) Is the person younger than age 2 years or older than age 49 years?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
5) Does the person have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, or metabolic disease(e.g. diabetes)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
6) If the person is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you the child had wheezing or asthma?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
7) Does the person have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (e.g., medication congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen [e.g. caused by sickle cell disease?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
8) Is the person currently taking influenza antiviral medications, or have they taken any within the past 3 weeks?.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
9) Is the person a child or teen aged 2 through 17 years and receiving aspirin or salicylate-containing medicine?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
10) Is the person pregnant or could they become pregnant within the next month?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
11) Has the person ever had Guillain-Barre syndrome?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
12) Does the person live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
13) Has the person received any other vaccinations in the past 4 weeks?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				

I have been provided a copy of and have read or have had explained to me the information about live attenuated intranasal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine I understand that I am financially responsible for services regardless of insurance coverage.

Signature: _____ **Date:** _____

Person to be vaccinated (If a minor, parent or guardian)

for office use only					
Date/Time	Vaccine/ manufacturer	Lot number	Route	Date of VIS	Full Signature of Vaccinator
	LAIV4 FluMist AstraZeneca		Intranasal	08-06-2021	