

LASSEN COUNTY PUBLIC HEALTH

Influenza Vaccination Clinic Consent Form 2019-2020

PLEASE PRINT CLEARLY

If you need assistance with this form please notify staff

Name (Last)		First		Middle
Address			City	
State	Zip	Phone Number		
Date of birth? Month _____ Day _____ Year _____				Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Mothers First Name		
Are you pregnant or do you think you might be pregnant?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a severe reaction to eggs or any vaccine?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a measles (MMR) or chicken pox vaccine in the last 4 weeks?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any of the following medical conditions? <ul style="list-style-type: none"> • Chronic lung disease (including asthma) • Heart disease (excluding high blood pressure) • Disease of the Kidney, Liver or Metabolic System • Blood disorders • Brain, spinal cord or muscle illnesses that cause swallowing or lung problems • Problems with immune protection system caused by medications and/or HIV • Long term aspirin therapy (Kids only) 				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live with anyone with a severe weakened immune system?				<input type="checkbox"/> Yes <input type="checkbox"/> No

The "Influenza Vaccine Information Statement, 2015-2016" has been made available to me. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make the request. I understand that this vaccination will be entered into our immunization database for inventory tracking purposes and have reviewed the HIPPA statement on the back of this form.

Signature _____ Date: _____

STAFF USE ONLY		Clinic							
LOT# _____	<table border="1"> <tr> <td colspan="2" style="text-align: center;">BODY SITE CODE</td> </tr> <tr> <td style="text-align: center;">LD</td> <td style="text-align: center;">RD</td> </tr> <tr> <td colspan="2" style="text-align: center;">OTHER</td> </tr> </table>	BODY SITE CODE		LD	RD	OTHER		<input type="checkbox"/> Jensen Hall	<input type="checkbox"/> Doyle
BODY SITE CODE									
LD	RD								
OTHER									
EXP. _____	<input type="checkbox"/> Bieber	<input type="checkbox"/> Seniors							
	<input type="checkbox"/> Eagle Lake	<input type="checkbox"/> Herlong							
	<input type="checkbox"/> SSM	<input type="checkbox"/> Westwood							
	<input type="checkbox"/> Public Health	<input type="checkbox"/> _____							
Nurse Signature: _____		Date: _____							

HIPPA Privacy Statement

The complete definition of Protected **Health Information (PHI)**

Any individually identifiable health information, whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual. Any data transmitted or maintained in any other form or medium by covered entities, **including paper records, fax documents and all oral communications**, or any other form, i.e., screen prints of eligibility information, printed e-mails that have identified individual's health information, claim, or billing information, hard copy birth or death certificate.

Protected health information excludes: school records that are subject to the Family Educational Rights and Privacy Act; and employment records held in the County's role as an employer.

Uses and Disclosures for Public Health Activities

According to the Health and Safety Code Part II 45 CFR 164,501 Lassen County Public Health Department is a covered entity which may disclose protected health information for certain specified public health activities which may be, but not limited to:

- Disease prevention and control, including reporting
- Vital records reporting
- Public Health surveillance
- Legally authorized disclosure of protected health information to a person or persons who may be at risk of contracting or spreading a reportable disease
- Certain providers hired by employers may provide information to the employer related to workplace medical surveillance or work-related illness or injury
- Reporting under Food and Drug Administration requirements for adverse events or problems related to certain regulated projects