

## **INFORMED CONSENT FOR VACCINATION**

I acknowledge that I am a competent adult and give my consent to receive the vaccine. I understand that it is not possible to predict all possible side-effects or complications associated with receiving vaccines. I release and hold harmless Bishop Daniel Edward Thomas, St. Joseph's Church and the Diocese of Toledo, their agents or employees, of any and all liability or claims, known or unknown, which could arise from the administration of the vaccine.

\_\_\_\_\_  
Date

\_\_\_\_\_



## Toledo-Lucas County Health Department Informed Consent for Influenza Vaccine 2021 - 2022

The Toledo-Lucas County Health Department offers influenza vaccines to individuals based on CDC recommendations. Please review the questions below and answer appropriately. **PLEASE PRINT:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M / F

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status (circle): Single Married Divorced

Language if other than English: \_\_\_\_\_ Translation By: \_\_\_\_\_

Please answer the following questions by placing a circle around the correct answer:

Is the person to be vaccinated sick today?	Yes	No	Not sure
Does the person to be vaccinated have an allergy to a component of the vaccine?	Yes	No	Not sure
Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	Yes	No	Not sure
Has the person to be vaccinated ever had Guillain-Barre Syndrome (GBS). (Paralysis following a viral illness or vaccine)	Yes	No	Not sure

I consent that the nurse or designee from the Toledo-Lucas County Health Department administers the influenza vaccine to the above-named person. I have had adequate opportunity to ask pertinent questions regarding the safety, value and possible side effects of the vaccines I am requesting. I have received relevant Vaccine Information Statements and the Notice of Use of Private Health Information. I will hold the Toledo-Lucas County Health Department and its representatives free from any liabilities that may arise as a result of the vaccine(s) received. If I did not pay with cash or check, I understand and agree that all amounts I may submit to my insurance company that are NOT reimbursed to me (including: denied as non-covered, disallowed amount, maximum payable, preventive medicine, patient co-pay or deductible) are my financial responsibility. Should the Toledo-Lucas County Health Department submit any charges to my insurance on my behalf, I agree to pay the remainder upon receipt of invoice.

\_\_\_\_\_  
(Signature of patient or guardian)

\_\_\_\_\_  
Date

### For Health Department Use Only:

Vaccine type: **QUADRIVALENT 0.5ml**

Manufacturer: GlaxoSmithKline (SKB)

Lot #: 7R9NM

317 Lot #:

Exp. Date: 06/30/2022

Route of Administration: IM

Vaccine type: **HIGHDOSE 0.7ml**

Manufacturer: Sanofi (PMC)

Lot #: UJ730AA

Exp. Date: 06/30/2022

Site: R Deltoid / L Deltoid / R Thigh / L Thigh

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date

VIS: 08/06/2021

**For Nurse Use Only:**

- \_\_\_\_\_ Patient left clinic in good condition  
 \_\_\_\_\_ Patient understood instructions and information  
 \_\_\_\_\_ Patient experienced problem or reaction. Elaborate on back of sheet.