Vaccine Information Statements

WEBER-MORGAN HEALTH DEPARTMENT
Flu Clinic Consent Form: Weber State University

Weber State University (WSU) and Weber-Morgan Health Department (WMHD) are pleased to announce they are partnering to provide an Immunization Clinic on campus on ***Wednesday, October 15th @ 10:00 am to 1:00 pm -and- Thursday October 16th @ 10:00 am to 1:00 pm.*** *It is recommended that everyone over 6 months of age receive an annual influenza vaccine to prevent illness and hospitalization. You can view the Vaccine Information Statement for Influenza by scanning the above QR code. Vaccines administered during this clinic will be free of charge to any student while supplies last, courtesy of the Division of Student Access and Success.*

Patient's name:	Gender *(circle one)*: **Female Male**	Date of Birth:	Age:

Phone:	Email:	Race:	Ethnicity *(circle one)*: **Hispanic Non-Hispanic**

Address:	City:	Zip Code:

The person receiving the vaccine:	**YES**	**NO**
1. Has been ill in the last week with anything more severe than a cold?	☐	☐
2. Has a serious allergy to any foods or medications? *If yes, please list:* _____	☐	☐
3. Has had a serious reaction to a previous vaccination?	☐	☐
4. Has a history of Guillain-Barre Syndrome?	☐	☐

I give consent and would like to receive the Flu vaccine.* YES ☐ NO ☐

I have read, or had explained to me, the information contained in the Vaccine Information Statement for the person receiving the vaccine(s). I understand the benefits & risks of the vaccine(s) & request that the vaccine(s) be given to me or the person for whom I am authorized to make this request. I agree that this information may be shared with schools, daycare centers, healthcare providers & others when medically necessary. I understand that it is my responsibility to know what my insurance plan covers & agree to pay the portion not covered by my insurance. I understand that if Weber-Morgan Health Department does not have a contract with my insurance company, or my insurance company denies payment, I am responsible for all charges incurred. I am hereby notified that the Weber-Morgan Health Department's Notice of Privacy Practices & Patient Responsibility Form are located at www.webermorganhealth.gov & I have had a chance to ask questions. Vaccine Information Statements can be accessed by scanning the QR code on the opposite side of this form & I have had an opportunity to review these & ask questions. The Weber-Morgan Health Department collects this data in order to coordinate services. We are committed to protecting your data privacy.
See https://www.webermorganhealth.gov/about/personal-data-request-notice/

Patient Name (Please Print): _____

Patient Signature: _____

For students who are under age 18 and who are not legally emancipated, we will need signed or verbal consent from a parent or legal guardian to provide influenza vaccine. **Parent/Guardian Name & DOB:** _____

Parent/Guardian Signature: _____

*** Space below for Office Use Only ***

The Stock Used is: **Weber** ☐ Date: _____

Vaccine Given: **Site:** Nurse's Initials: _____

☐ **Flu Shot PFS** _____ 0.5ml [90656] L ☐ R Del/Thigh

Notes: _____

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