

Plumas County Public Health Agency

Influenza Vaccination Clinic Screening Form

Please mark the answer to the following questions for the person who is receiving the flu vaccine.

Parents or guardians answer the questions on behalf of minors 0-17 years old.

All K-6 If your child has no medical issues that will NOT allow them to receive the Flumist, they will be receiving the Flumist

Please Print

Legal Name: _____

Date of Birth: _____

Age: _____

Cell Phone: _____

City & Zip Code: _____

Gender: Male Female

Are you on Medi-Cal? Yes No Would you like information regarding Medi-Cal? Yes No

Are you pregnant or think you might be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Asthma? (If you do, then you will receive the flu shot and NOT the mist.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous severe allergic reaction to flu vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or your child received a shingles, measles (MMR) or chicken pox vaccine in the last 4 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, or your children, living with someone with a severe weakened immune system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, or your children, received antiviral treatment for influenza in the last 48 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your vaccination will be entered into our immunization database for inventory tracking and public health surveillance purposes.

Please read the HIPPA Privacy Statement as well as the uses and disclosures for Public Health Activities available on the back of this form.

I have read or had explained to me the “Influenza Vaccine Information Statement.” I have had an opportunity to ask questions which were answered to my satisfaction. 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.

Signature: _____

Date: _____

Clinic Site: _____	Vaccine Type: <input type="checkbox"/> Inactive <input type="checkbox"/> LAIV <input type="checkbox"/> P-Free <input type="checkbox"/> High D
Clinic Date: _____	Arm Injected: <input type="checkbox"/> LD <input type="checkbox"/> RD
Nurse: _____	Manufacturer: _____
<input type="checkbox"/> RN	Lot #: _____
<input type="checkbox"/> LVN	

Additional flu forms can be downloaded at www.plumascounty.us



If you miss the flu clinics, please contact your doctor for a vaccination or Plumas County Public Health Agency (530) 283-6330 for an appointment.



***HIPAA 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 Plumas 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