

# FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH

## FLU CLINIC

### 2021 ADULT REGISTRATION FORM

PLEASE PRINT / PLEASE PROVIDE COMPLETE NAME

ADULTS (19 YRS. OF AGE AND OLDER)

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>MAIDEN NAME</b>
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<b>BIRTHDATE</b>	<b>SEX</b> M / F	<b>HISPANIC?</b> Y N	<b>RACE</b>	<b>TELEPHONE NUMBER</b>
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<b>STREET ADDRESS</b>	<b>APT #</b>
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<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTY</b>
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<b>MOTHER'S FIRST AND MAIDEN LAST NAME</b>
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**PLEASE CHECK CORRECT ANSWER**

1. Any signs of illness/fever today? No \_\_\_ Yes \_\_\_ (Describe-\_\_\_\_\_)
2. Have you ever received flu vaccine before? No \_\_\_ Yes \_\_\_ (WHEN?\_\_\_\_\_)
3. Have you ever had a serious reaction to eggs, gelatin, thimerosal or to a PREVIOUS DOSE of flu vaccine?  
No \_\_\_ Yes \_\_\_ (Describe-\_\_\_\_\_)
4. Do you have a history of Guillain-Barre` Syndrome (a severe paralytic illness)? No \_\_\_ Yes \_\_\_
5. Do you have a history of severe allergy to latex? No \_\_\_ Yes \_\_\_
6. Are you pregnant? No \_\_\_ Yes \_\_\_
7. Do you have insurance? No \_\_\_ Yes \_\_\_     Medicaid     Medicare     Private Insurance

**PATIENT CONSENT**

I have read or have had explained to me information about the above listed immunizations, vaccines or injections. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the listed immunizations, vaccines or injections and request that they be administered to me or to the person named above for whom I am authorized to make this request.

I hereby acknowledge that I can receive a copy upon request of the "Notice of Privacy Practices" for Forsyth County Department of Public Health and understand that I may contact the person named therein if I have questions about the content of the notice.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

	Lot #	Route	Injection Site
Flu   S   P	_____	IM	LD   RD
_____ VACCINE ADMINISTRATOR SIGNATURE/TITLE			_____ DATE
			NCIR <input type="checkbox"/>