

## DIRECTIONS

### Section A. Data Entry Form

Please fill out everything in section A. DO NOT write in the gray area.

The following field only needs to be filled out if the person receiving the vaccine is under 18 years of age:

- Mother's Maiden Name

If you do not have Medicaid or Medicare, you may leave the fields pertaining to Medicaid and Medicare blank.

### Section B. Advanced Consent

If you are a parent and your child will be receiving the vaccine without you present, you must indicate whether or not you want your child to receive the vaccine and if you would like your child to receive the flu mist or the flu shot. If you check yes to both sections, your child may receive either vaccination.

### Section C. Screening Questionnaire

The questions in this section help us to determine if there is any reason you or your child should not receive the influenza vaccine. Please fill out the name and date of birth of the person receiving the vaccine. Please answer each question with Yes, No, or I Don't Know. If you have any questions, please see our **Questions and Answers section**. Please sign the form at the end of Section C. The vaccine will NOT be given if this form is not signed.