

**Harrison-Clarksburg Health Department  
330 W Main Street  
Clarksburg, WV 26301**

**2025-2026 Seasonal Influenza and/or COVID-19 Vaccine  
Consent and Administration Form**

**Today's Date:** \_\_\_\_\_ **Patients Age:** \_\_\_\_\_ **Last COVID Vaccine:** \_\_\_\_\_

**Patient Name** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender** \_\_\_\_\_ **Race** \_\_\_\_\_ ☐ **Hispanic** ☐ **non-Hispanic**

Yes No

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

Is the person to be vaccinated sick today?

Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?

Has the person to be vaccinated ever had a serious reaction after receiving a vaccination?

Has a physician ever diagnosed the person to be vaccinated with Guillain-Barré Syndrome (GBS)?

Has the person to be vaccinated ever felt dizzy or faint before, during or after a shot?

**ACKNOWLEDGEMENT OF THE NOTICE OF PRIVACY PRACTICES AND CONSENT**

The HCHD Notice of Privacy Practices provides information about how we may use and disclose your protected health information. The Notice of Privacy Practices is subject to change. A copy of our Notice is available upon request. By signing this form, you acknowledge that the HCHD Notice of Privacy Practices was made available to you.

You must be at least 18 years of age to sign. If under the age of 18, a parent or guardian's signature is required. I authorize the HCHD healthcare providers to administer treatment as deemed necessary for care of the patient named above. I also certify that no guarantee or assurance has been made as to the results that may be obtained from the treatment. I have been given, read, or had explained to me the Vaccine Information Statement(s) for Influenza (01/31/2025) and/or COVID-19 (01/31/2025) and any additional vaccines I have chosen to receive today and understand the risks and benefits.

X \_\_\_\_\_

Signature

Date

Relationship to Patient: \_\_\_\_\_

**INSURANCE: Copy of ALL Insurance cards must be attached.**

No Insurance

Insurance

Private Supply

State Supply

**Medicaid**, you must provide us a copy of (**both** the paper card and plastic card)

**Medicare**, you must provide us a copy of (**both** Medicare Card and the Supplemental HMO)

Policy Holder Name If different than patient name above: \_\_\_\_\_  
(Last) (First) (M.I.)

Policy Holder Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Policy Holder \_\_\_\_\_  
Month Day Year

INFLUENZA			COVID-19 VACCINE		
FLUARIX (PP*)	FLULAVAL (S*)	HIGH-DOSE			
LOT # EXPIRATION DATE		RD LD	LOT # EXPIRATION DATE	RD	LD
NURSES SIGNATURE		DATE	NURSES SIGNATURE		DATE

\*(PP=private pay supply) (S=State supply)

UPDATED 09/02/2025

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

**Influenza vaccine can prevent influenza (flu).**

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

**Influenza vaccine does not cause flu.**

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



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CONTROL AND PREVENTION**

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#### 4. Risks of a vaccine reaction

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- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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#### 5. What if there is a serious problem?

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- An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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#### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.

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#### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

