

**2019-2020 Influenza Vaccination Authorization Record**  
**流行性感冒預防疫苗注射同意書**  
**Registro de Autorización para Vacunas Contra la Influenza**

*This form must be signed by the vaccine recipient or by the parent, guardian, or other authorized person on the date the vaccine is administered.*

Manufacturer/Brand: \_\_\_\_\_  
 Vaccine Type: \_\_\_\_\_  
 Lot Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Facility Site: \_\_\_\_\_  
*For site use only (do not send to DPH)*  
 Edition Date of VIS: \_\_\_\_\_

I have read or had explained to me the 2019-2020 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 this request.

本人已經閱讀過關於2019至2020年流行性感冒預防疫苗的資料。我有機會發問並得到滿意的答覆。我也明白注射流行性感冒預防疫苗的益處和危險性。現在同意為我或為下列我所監護者注射。

He leído o me han explicado la "Hoja de Información Sobre la Vacuna Contra la Influenza 2019-2020." He tenido la oportunidad para hacer preguntas las cuales fueron contestadas a mi satisfacción. Entiendo los beneficios y los riesgos de la vacuna contra la influenza y solicito que se me administre o se le administre a la persona para quien estoy autorizado(a) para efectuar esta solicitud.

| Date<br>Fecha | Staff<br>Initials | Shot<br>Site | Signature Vaccine Recipient (or Authorized Person, Include Recipient Name)<br>Firma Paciente (o la Persona Autorizada, Incluya el Nombre del Paciente)<br>接受疫苗注射者簽名 (或監護人代簽) | VFC Eligible (Y/N)? | Age in Years check one column only<br>Edad en Años marque solo una columna<br>年齡(請選 - 欄) |         |          |           |           |           |          |  | Drop-In? (Not a regular patient) |
|---------------|-------------------|--------------|--|---------------------|--|---------|----------|-----------|-----------|-----------|----------|--|----------------------------------|
|               |                   |              |  |                     | 6-35 mo  | 3-6 yrs | 7-18 yrs | 19-49 yrs | 50-59 yrs | 60-64 yrs | 65 + yrs |  |                                  |
|               |                   |              | 1.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 2.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 3.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 4.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 5.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 6.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 7.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 8.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 9.   |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 10.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 11.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 12.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 13.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 14.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 15.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 16.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 17.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 18.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 19.  |                     |  |         |          |           |           |           |          |  |                                  |
|               |                   |              | 20.  |                     |  |         |          |           |           |           |          |  |                                  |
| <b>TOTALS</b> | →                 | →            | →  |                     |  |         |          |           |           |           |          |  |                                  |