

2022-2023 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.**

Clinic/Event Name: _____	Date: _____
Contact Person: _____	Telephone: _____
Vaccine Type: _____	
Manufacturer: _____	
Lot Number: _____	
Expiration Date: _____	

I have read or had explained to me the 2022-2023 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2022至2023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 2022-2023." 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 Fecha 日期	Last Name	First Name	Date of Birth	Gender Male (M) Female (F) Non-Binary (NB) Unk (U)	Zip Code	Insurance Status Private Insurance (PI) Under-Insured (UI) No Insurance (NI) Medicaid/Medi-Cal (M) Medicare (MC)	Signature Vaccine Recipient (or Authorized Person, Include Recipient Name) Firma Paciente (o la Persona Autorizada, Incluye el Nombre del Paciente) 接受疫苗注射者簽名 (或監護人代簽)	CAIR Opt-Out? (Y/N)	Staff Initials	Body Site

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