2023-2024 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: _____ Email: _____ Telephone: _____

Vaccine Type: _____ Name and Title of Vaccinator(s):

Manufacturer: _____ _____

Lot Number: _____ _____

Expiration Date: _____ _____

I have read or had explained to me the 2023-2024 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.

本人已經閱讀過閿於2023至2024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 2023-2024." 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.

Last Name	**First Name**	**Date of Birth**	**Gender** Male (M) Female (F) Non-Binary (NB) Unk (U)	**Race** Amer. Indian/AK Native Asian Black/African American Native HI/Other PI White Prefer not to say	**Ethnicity** Hispanic or Latino Not Hispanic/Latino Prefer not to say	**Zip Code**	**Signature** *Vaccine Recipient (or Authorized Person, Include Recipient Name)* **Firma** *Paciente (o la Persona Autorizada, Incluya el Nombre del Paciente)* *接受疫苗注射者簽名 (或監護人代簽)*	**Date Administered**	**Vaccine Eligibility** State General Funding (SGF) Private VFC Eligible Medi-Cal/CHDP VFC Eligible Uninsured VFC Eligible Native Amer/AK Native VFC Eligible Underinsured (FQHC/RHC only) 317 Eligible (LHD or HDAS only)	**CAIR Opt-Out?** (Y/N)	**Staff Initials**	**Body Site**

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