

**Randolph and Rockaway Borough Health Department  
2023-24 PEDIATRIC INFLUENZA VACCINE REGISTRATION FORM  
PLEASE PRINT ALL INFO**

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ (for statistical purpose)  
 BIRTHDATE: \_\_\_\_\_ Age: \_\_\_\_\_

Staff Use Only	
Private	
VFC	
NJIIS #	

Parent/Guardian Name: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE # : \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

	YES	NO
Are you allergic to eggs?		
Do you have a fever today?		
Have you ever had Guillain-Barre Syndrome?		
Did you get the flu vaccine last year?		
Is this your first time to receive the flu vaccine ( <b>under 9 years only</b> )		
Have you received chemo or radiation in the last 2 months? (If yes, MD note is needed)		
Do you have Health Insurance?		
Does your Health Insurance cover immunizations?		
NJ Family Care Plan A verified? (staff verified date: _____)		
Vaccine Information Sheet (VIS) given (VIS date 8/6/21)		

**INFLUENZA VACCINE CONSENT**

I have received and read the information about influenza disease, the vaccine and special precautions. I have had an opportunity to ask questions that have been answered to my satisfaction. The 2023 FluLaval vaccine consists of: **A/Victoria/4897/2022 (H1N1), A/Darwin/9/2021 (H3N2), B/Austria/1359417/2021 (B/Victoria lineage), and B/Phuket/3073/2013-like virus (B/Yamagata lineage).**

I believe I understand the benefits and risks of the influenza vaccine and I request and consent that it be given to me or to the person named of whom I am the parent, guardian or authorized person. I release the Randolph and Rockaway Borough Health Departments from any responsibility for my own health care needs, or liability from health consequences that may occur from my participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian

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 Dose #1 Influenza Lot #: \_\_\_\_\_ (Manufacturer: GSK) Site: LA \_\_\_ RA \_\_\_ LT \_\_\_ RT \_\_\_

Administered by: \_\_\_\_\_

Dose #2 Influenza Lot # \_\_\_\_\_ (Manufacturer: GSK) Site: LA \_\_\_ RA \_\_\_ LT \_\_\_ RT \_\_\_

Administered by: \_\_\_\_\_

Kathy Maher, APN-C  
08/23