



Cape May County's Flu Vaccine Drive-Thru Clinics 13 Years and Older

Date: October 3, 2020

Time: 8:00 a.m.-1:00 p.m.

Location:

Cape May County Fire Academy

Date: October 17, 2020

Time: 8:00 a.m.-1:00 p.m.

Location:

Cape May County Fire Academy

Cape May County's Family Flu Vaccine Clinics 6 Months and Older

Date: October 6, 2020

Time: 2:00 p.m.-5:00 p.m.

Location:

Cape May County National Guard Armory

Date: October 14, 2020

Time: 9:00 a.m.-12:00 p.m.

Location:

Cape May County National Guard Armory

Date: October 22, 2020

Time: 2:00 p.m.-5:00 p.m.

Location:

Cape May County National Guard Armory



All flu vaccine clinics are
by appointment only. To
make an appointment call
(609) 465-1187.

Please fill out consent form
prior to appointment at
<http://capemaycountynj.gov/622/Seasonal-Influenza>

Wearing a mask is
mandatory.

For Additional Information:

Visit CMCHealth.net

Call (609) 465-1187

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Department of Health on
Facebook

**Supported by Cape May
County Freeholders**



Cape May County Flu Clinic 2020-2021 Patient Consent Form

Name: _____ DOB: ___/___/___ Age: _____ Sex: Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Print Guardians Name (if under 18 yr.) _____

Are you a healthcare worker or do you work in a long-term care facility? Yes No
 Do you live with or take care of someone who is at high risk for influenza complications? Yes No
 Did you get a flu vaccine last year? Yes No

VACCINE SCREENING QUESTIONS:	Yes	No	
Do you have a severe allergy to eggs or other vaccine component?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, you must receive the flu vaccine from your doctor
Have you been diagnosed with Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a severe allergy to Thimerosal?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, Specify:
Have you ever had a serious reaction to a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, Specify:
Do you have a severe allergy to latex?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, speak with the nurse
Have you come into close contact with someone who tested positive for COVID-19 in the past 15 days?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, speak with the nurse
Have you traveled outside New Jersey in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, speak with the nurse
Did you have one of the following symptoms in the past 48 hours? <ul style="list-style-type: none"> • Fever or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea 	<input type="checkbox"/>	<input type="checkbox"/>	If YES, speak with the nurse

I am electing to receive a vaccination against influenza. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the Vaccine information Statement (8/15/19). I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I or anyone claiming on my behalf may have against the County, Health Department, clinic, employees and/or agents on account of any injury or misfortune I may suffer as a result of this vaccination. I further understand information may be entered into the New Jersey Immunization Information System.

Today's Date ___/___/___

Patient Signature _____
 (Parental signature required if less than 18 years)

Today's Date ___/___/___

Vaccine Administrator Signature _____

Medical staff use only: Site: <input type="checkbox"/> RD <input type="checkbox"/> LD	GSK/Sanofi/Seqirus
<div style="border: 1px dashed black; display: inline-block; padding: 5px;">Affix sticker here</div>	