



FLU SHOT CONSENT AND SCREENING FORM



READ CAREFULLY BEFORE SIGNING

Release and Waiver of Liability

I hereby acknowledge my awareness that my participation in the Drive Thru to Beat the Flu and COVID-19 event shall be at participants own risk. The H.O.M.E. Project, its Affiliate Organizations, Administrators, Officers, Committee Members, Elected Officials, Vendors, Consultants and/or Agents shall not be liable of any damages arising from personal injuries of damages sustained by Participant, in or during his/her active or passive participation in the Drive Thru to Beat the Flu and COVID-19 event.

Participant assumes full responsibility for any injuries or damages and does hereby release and discharge H.O.M.E. Project its Affiliate Organizations, Administrators, Officers, Committee Members, Elected Officials, Vendors, Consultants and/or Agents from any and all claims, demands, damage rights, or causes of action present or future resulting from participation in the Drive Thru to Beat the Flu and COVID-19 event.

I voluntarily agree to take part in the immunizations offered by the University of Hawaii, the Hawaii H.O.M.E. Project and its Affiliate Organizations, Administrators, Officers, Committee Members, Elected Officials, Vendors, Consultants and/or Agents. I understand that I may experience slight pain or a bruise at the puncture site. I acknowledge that I understand the benefits and risks of the requested vaccination as described in the Vaccine Information Sheet, a copy of which is provided with this Consent and Release, and I request and consent that the vaccination be given to me.

Print First Name _____ Last Name _____

Age _____ Date of Birth _____ Phone _____

Signature _____ Date of vaccination _____

If under 18, guardian or parent must accompany participant and provide signature authorization below.

Parent/Guardian print name _____ Relation _____

Signature _____ Date _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the person to be vaccinated sick today? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the person to be vaccinated have an allergy to a component of the vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |

-----Do not write below this line-----

SITE GIVEN (CIRCLE)	FLU VACCINE	MANUFACTURER/LOT	EXP
INTRAMUSCULAR: SITE: LA RA	AFLURIA QIV MDV	SEQRIS LOT# P100354286	JUNE 15, 2022
VACCINATOR PRINT NAME:	UNIVERSITY OF HAWAII HAWAII H.O.M.E. PROJECT	DATE OF VACCINATION: 10/2/2021	2021-2022 FLU SEASON