

*Keweenaw Bay Indian Community*  
**Department of Health & Human Services**

Donald A. LaPointe Health & Education Center  
102 Superior Avenue Baraga, MI 49908  
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**2020-2021 Flu Shot Consent Form for Ages 18 and Older**  
**Sharon Stoll MD, Jody Jinkerson FNP,**  
**Jen Scott FNP**

Legal Last Name _____ Legal First _____
Maiden or Other Names: _____
Address: _____
City, State & Zip Code: _____
Birth date: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Primary Care Physician (if other than KBIC Medical Clinic Provider): _____

I have read the vaccine information sheet (VIS 8/15/2019) & I understand the benefits and risks of getting the flu shot

I am not sick today

I do not have an allergy to eggs, latex, thimerosal, or other vaccine components

I have never had a serious reaction after receiving a previous dose of influenza or other vaccines

I have never had Guillain-Barré syndrome

I want to receive the flu vaccine in order to prevent influenza

I authorize KBIC tribal physician and KBIC-DHHS nursing staff to do any and all needed emergency measures necessary in case of allergic reaction.

Fluzone Influenza Vaccine		
Lot# _____	Expires: _____	
Date: _____	Injection Site: R L Deltoid	Other: _____
HCP Administrating vaccine/title: _____		

Signature: \_\_\_\_\_

Signing indicates you authorize KBIC/DHHS to administrate the influenza vaccine and to bill medical insurance for payment.