

DRIVE-THRU FLU SHOT CLINIC

*for **FIRST RESPONDERS**
working in Somerset County*

Saturday

September 26, 2020 • 9am – NOON
Somerset County Public Works Garage
410 Roycefield Road, Hillsborough



FREE !
By appointment only.
Official first responder
ID required.

***First Responder** is an
active employee /member of an emergency
service who is likely to be among the first
people to respond to an emergency.*

Your participation is appreciated!

It helps us to protect our
first responder community while practicing
rapid distribution of vaccine during
public health emergencies.

Registration is required.

**To register, complete this
entire form and email to:**

HealthAppt@co.somerset.nj.us



QUESTIONS? Email:
HealthAppt@co.somerset.nj.us





Drive-Thru Flu Shot Clinic For *First Responders* *working in Somerset County**

Saturday, September 26, 2020 – 9am to Noon

Somerset County Public Works Garage

410 Roycefield Road, Hillsborough

This Drive-Thru Flu Shot Clinic is only for **First Responders** working in Somerset County. **Official first responder ID is required to receive the flu shot. First responders who registered for this clinic can receive their flu shot between 9am and Noon on Saturday, September 26th.**

First responder is an active employee/member of an emergency service who is likely to be among the first people to respond to an emergency.

Please complete the information below and the Influenza (Flu) Immunization Consent Form.

Once completed, email the entire form to: HealthAppt@co.somerset.nj.us

Personal Information

First and Last Name

Email Address

First Responder Information

Type of First Responder

Other: Please Specify

Name of First Responder Agency

Town of First Responder Agency

***Anyone who is not a first responder and who is not pre-registered, will not be able to receive a flu shot at this clinic. Please register by Thursday, September 24th, 2020.**

Questions? Email: Healthappt@co.somerset.nj.us



Somerset County Department of Health

INFLUENZA (FLU) IMMUNIZATION CONSENT FORM – **ADULTS AGE 18 OR OLDER**
2020-2021

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

☐ Cell ☐ Home

Date of Birth (mm/dd/yyyy) _____

Email Address _____

☐ Male ☐ Female

Please click YES or NO for each question:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you had an allergic reaction after a previous flu shot? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you allergic to chicken eggs or egg products? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have any severe, life-threatening allergies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you presently have a cold, fever, acute illness or COVID-19? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you currently in quarantine for COVID-19 or any other illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you ever had Guillain-Barre Syndrome (also called GBS)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are you pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I have read the [2019 Centers for Disease Control and Prevention's \(CDC\) Influenza Information Statement](#).

I understand the benefits and the risks of Influenza Vaccine described in this statement, and request that the vaccine be given to me. I hereby release Somerset County, the Somerset County Department of Health and/or its employees and/or agents from any and all liability arising from any services rendered by, or on behalf of, the Somerset County Department of Health.

Signature (by typing name): _____

Date (mm/dd/yyyy): _____

Once completed, email the entire form to: HealthAppt@co.somerset.nj.us

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FOR CLINIC USE ONLY:

Date administered: _____

Injection site: _____ Right Deltoid

_____ Left Deltoid

Administered by: _____

Manufacturer: _____

Lot # / Expiration: _____