

**FOR OFFICE USE ONLY**

Temp: \_\_\_\_\_

COVID19 S/S: \_\_\_\_\_

Known Exposure to COVID19: \_\_\_\_\_



**INFLUENZA VACCINE CONSENT FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Phone Number \_\_\_\_\_ Primary Policyholder's Name \_\_\_\_\_

**Flu vaccine will be billed to insurance listed below:**

Aetna # \_\_\_\_\_

Anthem Blue Cross # \_\_\_\_\_

ConnectiCare # \_\_\_\_\_

Harvard Pilgrim # \_\_\_\_\_

Medicare # \_\_\_\_\_

UHC Medicare # \_\_\_\_\_

Meritain# \_\_\_\_\_

CASH    CHECK   \_\_\_\_\_ Quadrivalent \$30.00   \_\_\_\_\_ High Dose \$80.00

Are you allergic to eggs or latex?    No    Yes   Please specify \_\_\_\_\_

*\*Both brands of Flu vaccine utilized are Thimerosal "Preservative Free" but for those allergic to "LATEX" the syringe plunger stopper is made from Latex.*

Have you ever had a serious reaction to a flu shot?    No    Yes

Have you ever had Guillain Barre Syndrome?    No    Yes

Are you sick with a fever?    No    Yes

**Influenza Consent**

I have read, or had explained to me, the information sheet about *influenza* vaccination. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request that the **flu** vaccination be given to me (*or the person named above for whom I am authorized to make this request*). I have had an opportunity to review this agency's materials on privacy. I authorize the release of any medical or other information necessary to process a Medicare/Insurance claim or for other public health purposes. **I understand that if my insurance carrier does not cover this shot, I will be responsible for full payment.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of recipient(or parent/guardian)                      Date

**INFLUENZA Vaccination Site:**      *Left arm*      *Right arm*

**Quadrivalent:**

**High Dose:**

Manufacturer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot #: \_\_\_\_\_

Lot #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Nurse Signature \_\_\_\_\_

**Vaccine Information Sheet (VIS) 8/6/2021**