



INFLUENZA VACCINE CONSENT FORM - 2025

Name _____ Birth Date ____ / ____ / ____ Today's Date _____
Address _____ City/State _____
Phone Number _____ Zip Code _____ Sex (M/F) _____

The flu vaccine will be billed to: _____ **Primary Policyholder's Name:** _____
Aetna # _____ Anthem Blue Cross # _____
Harvard Pilgrim HC # _____ Medicare Part B # _____
ConnectiCare # _____ United Health Care Advantage (over age 65) # _____
 CASH CHECK _____ Regular \$50.00 _____ High Dose \$100.00 Other _____

Are you allergic to eggs? No Yes
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

Required by State of CT – CT Wiz (Connecticut Immunization Information System):
Hispanic or Latino? Yes No Decline to Specify
Race: White Black/African American Asian
 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Other Race
Consent to Share Immunization with CT Wiz: Yes No

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*

Regular Afluria: _____ **High Dose Fluad (over age 65):** _____
Manufacturer: Seqirus Inc _____ Manufacturer: Seqirus Inc. _____
Lot #: _____ Lot #: _____
Exp. Date: _____ Exp. Date: _____

Nurse Signature _____ **Vaccine Information Sheet (VIS) 1/31/2025**