

INFLUENZA VACCINATION ASSESSMENT, CONSENT AND ADMINISTRATION RECORD

(PLEASE FILL IN ALL LINES COMPLETELY. PRINT YOUR NAME AS IT APPEARS ON YOUR INSURANCE CARD.)

Last name _____ First name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone _____ Doctor _____ Birth Date: _____ Age _____

Circle one: Male or Female Have you had a seasonal flu shot before? Circle one: Yes No

Please indicate method of payment below:

Medicare Number _____ (Do not need Medicare Supplement)

Title 19 Number _____

Insurance that pays for flu & pneumonia shots:

Policyholder: _____ Birthdate _____

Address _____

Phone _____ SSN _____ Gender _____

Employer _____ Employer Phone _____

Employer Address _____

Insurance Co. Name & Address _____

Policy # _____ Group # _____

Cash/ Check: Amount paid _____ Check number _____

READ THE STATEMENTS BELOW AND SIGN AND DATE THE FORM.

- I am not sick today. I have not had an allergic reaction to a flu shot in the past.
- I am not allergic to Thimerosal, a mercury containing preservative found in eye drops and contact solution.
- I do not have Guillain-Barre Syndrome, a neurological disorder.
- I have read the Influenza Vaccine Information Sheet and have had any questions answered to my satisfaction.
- I understand the benefits and risks of the flu shot, and ask that the flu shot be given to me (or to the person for whom I am authorized to make this request).
- I accept responsibility for seeking medical attention if a problem occurs after having been given this vaccine.
- I allow billing to my insurance, or have paid the full fee of the vaccine.

➔ **SIGNATURE** _____ **DATE** _____

FOR OFFICE USE ONLY

	INFLUENZA			Flu Mist	2 nd Dose	Pneumo
	High Dose 65 > 90662 (Q2039 Medicare only)	Fluzone 36 mos> 90686	Ped 6-35 mos. 90685 private (90655 VFC only)	Ages 2- 49 90672 (90660 Medicare only)		90732 PCV23 90670 PCV13
Date Administered						
Vaccine Manufacturer	Sanofi Pasteur	Sanofi Pasteur	Sanofi Pasteur	Medimmune		
Lot Number						
Site of Injection/ Signature						

Entered into IRIS _____ Entered into Tracking _____ Sent for Billing _____