

ADULT SEASONAL INFLUENZA CONSENT (65 & Older)

| | | | | |
|---------------------------------|-------------------|----------------------|------------|----------|
| Last Name (Please Print) | First Name | Date of Birth | M | F |
| Address | City | State | Zip | |
| Daytime Phone # | | Age | | |

HEALTH INSURANCE INFORMATION

**You will be responsible for any fee not covered by your insurance **

| | |
|---|---|
| <input type="checkbox"/> Blue Cross Blue Shield | Insurance ID/Member # - please include all letters and numbers |
| <input type="checkbox"/> MACo Healthcare Trust | |
| <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Supplemental | |
| <input type="checkbox"/> Other Insurance: | |
| <input type="checkbox"/> No insurance | Cash Price: Regular-\$35.00 65& Older-\$57.00 Children 6m-4y \$27.00 |

SCREENING FOR VACCINE ELIBILITY

| | | |
|---|------------|-----------|
| If "Yes" to any question 1-4, we cannot vaccinate. Please contact your doctor to discuss options | YES | NO |
| 1. Serious allergy to eggs? | | |
| 2. Ever had a serious reaction to a previous dose of flu vaccine that required medical care? | | |
| 3. Ever had Guillain-Barre Syndrome (a type of severe muscle weakness) after receiving flu vaccine? | | |
| 4. Allergy to thimersol or latex? | | |

CONSENT FOR VACCINATION

By signing below I consent to the influenza vaccine. I have read the vaccine information statement for the injectable flu vaccine. I understand the risks and benefits of the vaccine.

I agree to allow this immunization to be entered into the State Immunization Registry.

Signature _____ Printed Name of Signer: _____ Date: _____
 (Patient Signature or Parent/Guardian Signature if Patient is a minor)

FOR ADMINISTRATIVE USE ONLY

VIS Date:
08/15/2019

| Vaccine | Date Given | Route | Manufacturer | Lot No. | Expiration date |
|-----------|------------|---|---|---------|-----------------|
| Influenza | | <input type="checkbox"/> IM Right <input type="checkbox"/> IM Left | <input type="checkbox"/> Sanofi <input type="checkbox"/> GSK <input type="checkbox"/> Novartis <input checked="" type="checkbox"/> Seqirus | 279736 | 05/04/2021 |

| NDC Code | Initials |
|--------------|----------|
| 70461-020-03 | |

Nurse's Notes: