



NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
2020-2021 SEASONAL INFLUENZA IMMUNIZATION CONSENT FORM
Please print clearly

_____ Name (please print)	_____ Date of Birth
_____ Street Address	M _____ F _____ Non-Binary _____
_____ Town, State, Zip Code	_____ Phone
INSURANCE Please circle one: AETNA, ANTHEM, CIGNA, CTCARE, HARVARD PILGRIM, HUSKY, MEDICARE, UNITED HEALTH CARE (MEDICARE ONLY)	
Cash or Check: _____ Are You The Subscriber Please circle one: <u>Yes</u> or <u>No</u>*	
*If No, Relationship to Subscriber Please circle one: Spouse, Child, Other: _____	
Name of Insurance Subscriber: _____	

- | | | |
|--|---------|--------|
| Have you ever received a flu vaccine? | ___ Yes | ___ No |
| Are you allergic to eggs or egg products? | ___ Yes | ___ No |
| Are you allergic to thimerosal, neomycin, gelatin or latex? | ___ Yes | ___ No |
| Are you sick with a fever? | ___ Yes | ___ No |
| Have you ever had Guillain-Barre Syndrome? | ___ Yes | ___ No |
| Are you currently receiving chemotherapy or corticosteroids? | ___ Yes | ___ No |

I have read, or had explained to me, the information sheet about the influenza vaccine (flu shot), and the agency's privacy policy. 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 influenza vaccine be given to me (or to the person named above for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process an insurance or Medicare claim. Any amount not covered by insurance company or denied by insurance will be billed to the individual. If a referral from your PCP is required, it is your responsibility to obtain one.

X _____
 Signature of recipient (or parent/guardian) Signature of Person Reading Form (Not Recipient) Date

FOR CLINIC USE ONLY

Nurse's Signature _____ Date _____

Injection Site: Left arm _____ Right arm _____

Manufacturer: GSK Sanofi Seqirus Influenza Vaccine Lot #: _____

Expiration Date: _____ VIS Date: 8/15/2019 Rev: 8/18/2020