

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, thimerosal, or latex? No Yes Please specify _____

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

Are you currently receiving radiation, chemotherapy, or immunosuppressive therapy? No Yes

If you are female are you pregnant? 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 Injection: ___ Left arm ___ Right arm

Vaccine Information Sheet (VIS) 8/6/2021

Quadrivalent Manufacturer/Lot #/Exp. Date:

High Dose Manufacturer/Lot #/Exp.Date:

Nurse Signature _____

Provider Name and Address: *Visiting Nurse & Hospice of Litchfield County 32 Union St. Winsted, CT 06098* Phone: (860) 379-8561
Revised 2021