Public Health
Prevent. Promote. Protect.
Coffey County Health Department

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Influenza Consent Form

PLEASE COMPLETE BEFORE ARRIVING

Last Name _____First Name_____ MI_____

Mailing Address_____

City_____State_____County_____Zip_____

Male_____ Female_____ Date of Birth_____ Phone #_____

Age_____ Personal Physician_____

Have you ever had a flu shot before?----------yes no
Do you have a cold, fever, or acute illness?----------yes no
Are you allergic to chicken eggs or egg products?----------yes no
Have you ever had an allergic reaction to flu vaccine or Pneumococcal vaccine?—yes no
Have you been diagnosed with Guillain-Barre Syndrome?---------- yes no
If you are 65 or older would you like the High Dose vaccine?———————- yes no

Cash/Check **Insurance Accepted:** BCBS Medicare Kancare Aetna Cigna

Cardholder Name_____ ID# _____

I hereby certify that the foregoing history is true and complete to the best of my knowledge and request and authorize receipt of the influenza vaccine. I verify that I have been offered a copy of the Vaccine Information Statement. I hereby authorize CCHD to release any information necessary to file a claim for payment to my insurance company. I acknowledge that I have reviewed a copy of CCHD's Notice of Privacy Practices with the effective date of April 14, 2003. I have been offered a copy of the Vaccine Information Statement. I have read, had explained to me and understand the information in the vis. I consent to inclusions of the immunization data in the Kansas Immunization Registry for myself or on behalf of the person named below. VIS Date 08/15/19

Patient Signature_____Date_____

Pre-Filled 6 months and older Sanofi-Pasteur	Route LVL RVL LD RD	Lot Number	Exp Date	Nurse Signature/Date Verification of injection & review of contraindications
FluBlok 18-64 yrs Sanofi Pasteur	Route LD RD	Lot Number	Exp Date	Nurse Signature/Date Verification of injection & review of contraindications
High Dose 65– Older Sanofi Pasteur	Route LD RD	Lot Number	Exp Date	Nurse Signature/Date Verification of injection & review of contraindications