

**Flu Immunization Vaccine Consent Form 2020-21**  
**(Please fill out completely)**

**Warning:** Some people should check with a doctor before taking the flu vaccine.

- Are you pregnant, if so, please consult your physician prior to vaccination.
- A history of Guillain Barre Syndrome or other neurological disorders?
- An allergy to eggs or egg products?
- Have you previously had a severe reaction to the flu shot?
- Do you currently have a fever? You should not get a flu shot if you have a fever.

I have read and understand the information given to me. I have had a chance to ask questions which were answered to my satisfaction. I believe that I understand the benefits and risks of taking the flu vaccine and I request that the vaccine be given to me or to the person named for whom I am authorized to sign. The vaccine information statement was provided to me. I hereby release all sponsors and business associated with the vaccination program from any and all liability associated with the administration and potential side effects of the shots.

**Patient Information:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Print:**        Last                      First                      Middle I.

**Address:** \_\_\_\_\_

                    Number        Street                                      City                      State                      Zip

**Telephone:** \_\_\_\_\_

**Insurance Information:**

Please provide the insurance information that you present when going to a doctor's office. If you have a Medicare Advantage plan, such as Security Blue or UPMC for life, please list that identification number. If you have Medicare plus a secondary plan, please just list the Medicare identification number. Your secondary plan information is not required. If you are not sure, please list your Medicare identification number.

**Name of Insurance:** \_\_\_\_\_

**Insurance ID#:** \_\_\_\_\_

**For Clinic Use Only:**

Type:  Flublok Quadrivalent PFS (high dose/egg/preservative/latex free) Lot: \_\_\_\_\_

Fluzone Quadrivalent PFS (preservative/latex free) Lot: \_\_\_\_\_

Date of vaccine administration: \_\_\_\_\_ Clinic site: \_\_\_\_\_

Administered by:  Gwen Franz, M.A.,  Kristi Donahue, M.A.  \_\_\_\_\_

Site of Administration:  Right deltoid  Left deltoid

**CPT:**                      **flu vaccine**                      **Dx: Z23**  
**90686/G0008 flu admin**