

Connecticut River Area Health District (CRAHD)
Influenza Immunization Consent Form

Vaccinee First Name _____ Last Name _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Are you the primary insurance subscriber _____ YES _____ NO (Please fill out box below)

Accepted INSURANCE:

- _____ Anthem BC/BS
- _____ Connecticare
- _____ CIGNA
- _____ Medicare
- _____ Anthem BC/BS Medicare
- _____ Connecticare Medicare
- _____ CIGNA Medicare
- _____ HUSKY
- _____ Other (Fee Charged)

Primary Subscriber:	DOB _____
First Name _____	Last Name _____
Vaccinee's Relationship to primary subscriber _____	
Is address of primary subscriber the same as vaccinee _____ YES _____ NO	
If NO, provide address of primary subscriber:	
Address _____	
City, State, Zip Code _____	
Phone _____	

Are You Allergic to Latex?	_____ NO	_____ YES
Are you Allergic to eggs or Thimerosal?	_____ NO	_____ YES
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 pregnant?	_____ NO	_____ YES
Have you ever had breast surgery or axilla lymph node removal?	_____ NO	_____ YES

INFLUENZA CONSENT: I have read or had explained to me, the Vaccine Information Statement 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 authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purposes.

Signature of Vaccinee (parent or guardian) _____ Date _____

OFFICE USE ONLY

Injection Site: _____ Left Arm _____ Right Arm Manufacturer & Lot #: _____

Nurse (Vaccinator) Signature _____ Date _____

Type of Payment: N/A _____ Cash _____ Check# _____ Amount Paid: _____ Staff Initials: _____