

FLU SHOT CONSENT FORM

Please complete the consent form to receive the flu shot (in the arm).

Name (Last, First, Middle initial) please print			Male	Female
Date of Birth	Age	Telephone Number		
Address		City	State	Zip Code
Do you have? <input type="checkbox"/> Insured, Vaccines Covered <input type="checkbox"/> Native American Heritage <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Insured, Vaccines Not Covered <input type="checkbox"/> MA/Badger Care				
School <i style="padding-left: 20px;">Gillett School District - Staff</i>				

Circle Yes or No

Does the person to be vaccinated have any allergies to medications, food, a vaccine component or latex? List: _____	YES	NO
Has the person to be vaccinated ever had a serious reaction to a vaccine in the past?	YES	NO
Have you (person to be vaccinated), a sibling, or a parent ever had a seizure, brain, or other nervous system problem?	YES	NO

CONSENT FOR VACCINATION: I have read, or have had explained to me, the Vaccine Information Statement for the vaccine (www.OCPH.info). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the Flu vaccine be given to the person named above for whom I am authorized to make this request. Oconto County Public Health Department will bill Medical Assistance/BadgerCare if the person is covered by those programs. I understand that a record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) and with other health care providers directly involved with the vaccinated person's care. A copy of this consent form is as valid as the original.

Signature X _____ **Date** _____

E1 _____/_____

Office Use Only



Is the patient well today? Y N Route IM Body site RD LD _____

Vaccine Administrator Initials _____ Date: _____

Notes:

PAYMENT OPTIONS

____ Medicare# _____ HMO Provider _____ HMO# _____

____ \$25.00 payment ____ Cash ____ Check# _____

____ MA# _____ MA HMO Provider _____

____ No Charge

____ Bill the school