WINDSOR HEALTH DEPARTMENT
INFLUENZA VACCINATION RECORD 2016

CASH $30.00

☐ **FLU SHOT- REGULAR Quadrivalent**

ACCEPTED INSURANCE

- ☐ Medicare Part B
- ☐ Anthem BC & BS
- ☐ ConnectiCare
- ☐ Cigna
- ☐ Other _____

Please Print

Name _____ (Last) _____ (First) _____ (Middle Initial)

Address _____ (Street)

_____ (City) **CT.** (State) _____ (Zip)

MEDICARE # _____

Phone # 860 688 _____ (Sex) _____ (Date of Birth)

OTHER INSURANCE # _____

Doctor's Name & Address _____ (Name) _____ (Address) _____ (City) **CT.** (State) _____ (Zip)

STOP!! Answer the questions below & sign this form *THE DAY OF THE CLINIC!*

YES NO Are you allergic to: (check if YES)
eggs ____ latex ____ thimerisol ____.

YES NO Have you ever had a serious reaction to a flu shot?

YES NO Are you taking any blood thinners?
(i.e. Asprin, coumadin, plavix, etc.)

YES NO Are you sick with a fever **TODAY**?

YES NO Have you ever had Guillain-Barre Syndrome?
(caused by a virus and can cause paralysis)

YES NO Are you currently receiving radiation, chemo, or other immunosuppressive therapy?

YES NO Are you pregnant or nursing?

I have read or have had explained to me the information sheet on influenza vaccine (flu shot). I have had a chance to ask questions that were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I approve the administration of the vaccine to me or to the person named below for whom I am authorized to give approval. I authorize the release of any medical information necessary to process a medical claim. I agree to pay any unpaid balance or co-pay not covered by my insurance.

Signature_____ **Date**_____

For Clinic Use

Provider Name: Windsor Health Dept.
Clinic Location: **Date**_____

O Town Hall O LP Wilson
O Other O Safety Complex

Injection [deltoid]

Right O

Left O

O PRE-FILL - 0.5ml: Lot # 23L7C MFR: GSK EXP: 6/12/2017
O PRE-FILL - 0.5ml: Lot #_____ MFR: GSK EXP: 6/__/2017
O PF / VIAL - 0.5ml: Lot #_____ MFR:_____ EXP:_____

RN Signature/Initials: _____ /_____ **Date**_____