# WINDSOR HEALTH DEPARTMENT
# INFLUENZA VACCINATION RECORD 2017

**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) _____ (State) _____ (Zip)

**MEDICARE #** _____

**Phone #** _____ _____

_____ (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!***

Are you allergic to any of the following?

***Eggs Yes____ No____ Latex Yes____ No____ Thimerisol Yes____ No____.***

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 _____ O Safety Complex

**Injection [deltoid]**

**Right O**

**Left O**

O PRE-FILL - 0.5ml: Lot # 2D715 MFR: GSK EXP: 6/30/2018

O PRE-FILL - 0.5ml: Lot # _____ MFR: GSK EXP: 6/ /2018

O PRE-FILL - 0.5ml: Lot # 2J2EC MFR: GSK/FFF EXP: 5/17/2018

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