Influenza Immunization Consent Form • 2012-2013

The first section must be completed to receive a flu shot today. (PLEASE PRINT CLEARLY)

Employer: **EUGENE SCHOOL DISTRICT 4J**

Last Name:	First Name:	MI:

Sex: ❑M ❑F Date of Birth: ___/___/___ Phone#: (____)____-________

Age if under 18 : ____

Street Address:

City: State: Zip:

			Nursing Comments
1.	Have you ever had a serious reaction to a flu shot?	❑**Yes** ❑ **No**	____________________
2.	Do you have a history of Guillain-Barre Syndrome?	❑**Yes** ❑ **No**	____________________
3.	Do you have an allergy to chicken or chicken eggs?	❑**Yes** ❑ **No**	____________________
4.	Are you sick right now with anything more serious than a cold?	❑**Yes** ❑ **No**	____________________
5.	Do you have sensitivity/allergy latex?	❑**Yes** ❑ **No**	____________________
6.	Do you have an allergy to thimerosol?	❑**Yes** ❑ **No**	____________________

INSURED ONLY, WRITE ID # & GROUP # BELOW:

☐ **ODS** ☐ **Regence Blue Cross** ☐ **Pacific Source** ☐ **Other**______________

ID#______________________ **Group #**________________________

I have read/had explained to me the information about influenza and influenza vaccine (VIS 7/2/12).
I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I agree that neither Cascade Health Solutions or Cascade Medical Associates nor their sponsor shall have any responsibility or liability if I contract influenza, or other respiratory diseases, or suffer any other adverse reaction following administration of the flu shot. By signing below, I consent to the release of this consent form to my employer/insurance company for billing purposes; unless I am paying for the vaccination my self then no release is necessary.

SIGNATURE: **Date:**

Community Provider/Health Plan Use Only	Clinic Use Only
Federal Tax ID: **93-0421470** NPI# 1477714467 CPT Code (vaccine): **90658** CPT Code (admin): **90471** Diagnosis Code: **V04.8** Charge: $25.00 Revised 8-15-12	Clinic Location: **Cascade Health Solutions** Mfg: **GSK** / **Sanofi Pasteur** Lot# AFLUA690AA - 6-27-13 / UH717AC -30 Jun 13 Exp. Date AFLUA726DA – 6-30-13 / UH719AC – 30 Jun 13 Vaccination Date: Injection Site: **IM R / L upper deltoid** Provider: Lora Nyburg RN, Brandon Mattox, Carla Marks RN Deanne Galbraith MOA, Lon Dragt, Laura Lambert RN Brian Bain MOA, Curtis Cline MOA, Cindi Feldman RN Roxye Lopez MOA, Eda Wilmarth MOA, Barb Arnold RN Amber Ray MOA, Kathy Ouimet RN Ann Berg RN