

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

∟ast Name:		First Nam	e:		MI:	
Sex: DM DF Date of Birth:// Phone#: () Age if under 18 :						
Street Address:						
City:	State:	Zip:				
 Have you ever had a serious reaction to a flu shot? Do you have a history of Guillain-Barre Syndrome? Do you have an allergy to chicken or chicken eggs? Are you sick right now with anything more serious than a cold? Do you have sensitivity/allergy latex? Do you have an allergy to thimerosol? 				Nursing Comments		
OEBB / ODS INSURED ONLY, WRITE ID # BELOW:						
ODS ID# <u>E</u> Group # <u>10006629</u>						
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	<u> </u>				
Federal Tax ID: 93-0421470 NPI# 1477714467	Clinic Location: Cascade Health Solutions Mfg: GSK Lot# AFLUA690AA - 6-27-13 Exp. Date AFLUA726DA - 6-30-13			Sanofi Pasteur UH717AC -30 Jun 13 UH719AC – 30 Jun 1		
CPT Code (vaccine): 90658 CPT Code (admin): 90471 Diagnosis Code: V04.8	Vaccination Date: Injection Site: IM R / L upper deltoid Provider:					
Charge: \$25.00 Revised 8-15-12	Lora Nyburg I Deanne Galb Brian Bain Mo Roxye Lopez Amber Ray M	raith MOA OA MOA	Brandon Mattox Lon Dragt Curtis Cline MOA Eda Wilmarth MOA	Carla Marks RN Laura Lambert RN Cindi Feldman RN Barb Arnold RN Kathy Ouimet RN Ann Berg RN		