Influenza Immunization Consent Form • 2013-2014

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 currently ill with a fever?	❑Yes ❑ No _____
5. Are you taking Coumadin or Warfarin?	❑Yes ❑ No _____

INSURED ONLY, WRITE ID # & GROUP # BELOW: **No Insurance** ☐

☐ **MODA** ☐**Regence Blue Cross** ☐ **Pacific Source** ☐ **Providence**

ID#_____ Group #_____

I have read/had explained to me the information about influenza and influenza vaccine (VIS 7/26/2013). 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 myself then no release is necessary.

SIGNATURE: **Date:**

Community Provider/Health Plan Use Only	Clinic Use Only
Federal Tax ID: **93-0421470**	Clinic Location: **Cascade Health Solutions**
NPI# 1477714467	Mfg: **Merck /CSL** **Sanofi Pasteur** Lot# R55408 R56508 UH899AA Exp. Date 30 JUN 14 30 JUN 14
CPT Code (vaccine): **90658** CPT Code (admin): **90471** Diagnosis Code: **V04.8**	Vaccination Date: October 17, 2013 October 22, 2013 Injection Site: **IM R / L upper deltoid**
Charge: $25.00	Provider: Carla Marks RN Brandon Mattox Barb Arnold RN Lora Nyburg RN Deanne Galbraith MOA Whitney Swan MOA Laura Lambert RN Brian Bain MOA Curtis Cline MOA Cindi Feldman RN Roxye Lopez MOA Eda Wilmarth MOA Martha Debroekert RN Amber Starr MOA Crystal Prenevost Kathy Ouimet RN Ann Berg RN
Revised 7-30-13	