Influenza Immunization Consent Form • 2014-2015

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:

Have you had:		Nursing Comments
• Life threatening reaction to a flu shot?	❑Yes ❑ No	_____
• Guillain-Barre Syndrome?	❑Yes ❑ No	_____
• Severe allergy to eggs?	❑Yes ❑ No	_____
• Severe latex allergy?	❑Yes ❑ No	_____
. Are you currently:		
• Ill with a fever ?	❑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 08/19/2014). 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**	Clinic Location: **Cascade Health Solutions**
NPI# 1477714467	Mfg: **GSK** / Sanofi Lot# LM55C / UI192AA Exp. Date 6-23-15 / 30 Jun 15
CPT Code (vaccine): **90686** CPT Code (admin): **90471** Diagnosis Code: **V04.8**	Vaccination Date: October 7, 2014 / October 9, 2014 Injection Site: **IM R / L upper deltoid**
Charge: $30.00	Provider: Carla Marks RN Brandon Mattox / Ann Berg RN / Mary Joy Sahara RN Deanne Galbraith MOA / Whitney Swan MOA / Laura Lambert RN Amy Freeman MOA / Curtis Cline MOA / Cindi Feldman RN Roxye Lopez MOA / Eda Wilmarth MOA / Martha Debroekert RN Amber Starr MOA / Crystal Prenevost MOA / Kathy Ouimet RN
Revised 09-18-2014	