Influenza Immunization Consent Form • 2015-2016

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

EMPLOYER:

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:

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

ID#_____ Group #_____

Insured Name_____ Insured DOB _____

I have read/had explained to me the information about influenza and influenza vaccine (VIS 08/07/15).
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** NPI# 1477714467 CPT Code (vaccine): **90686** CPT Code (admin): **90471** Diagnosis Code: **Z23** Charge: $31.00 Revised 9/2/2015	Clinic Location: **Cascade Health Solutions** Mfg: **GSK** **Sanofi Pasteur** Lot# 497KX UI439AB Exp. Date 6/30/2016 6/30/2016 Vaccination Date: Injection Site: **IM R / L upper deltoid** Provider: Brandon Mattox, Carla Marks RN, Jeanne Reed RN Deanne Galbraith MOA, Whitney Swan MOA, Mary Joy Sahara RN Rachel Vaquelia MOA, Curtis Cline MOA, Cindi Feldman RN Roxye Lopez MOA, Eda Wilmarth MOA, Martha deBroekert RN Jessica Abundez MOA, Kristen Ahlsten MOA, Kathy Ouimet RN Laura Bern RN