Influenza Immunization Consent Form 2022-2023

PLEASE PRINT CLEARLY – *form must be completed to receive a flu shot*

COMPANY NAME:_____

LAST NAME:_____ **FIRST NAME:**_____ **MI:**_____

Gender: ☐ M ☐ F ☐ Other	**DOB:** ☐ √ **if under 18**	**Ph#:** ( )
Address (Street, City, State, Zip):		

Have you ever had:		**Nurse Comments**
Life threatening reaction to a flu shot	☐ Y ☐ N	
Guillain-Barre Syndrome	☐ Y ☐ N	
Severe allergy to eggs	☐ Y ☐ N	
Are you currently ill with a fever?	☐ Y ☐ N	

Insurance Information: Responsible Party if payment denied by insurance: ☐ **Employee** ☐ **Company**

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

☐ **Medicare/Med Advantage plan** ☐ **Other List Name:**_____

Insured Name: ☐ **Self** _____ **Relationship:**_____

ID#:_____ **GROUP#:**_____ **Insured DOB:**_____

I have read/had explained to me the information about influenza and influenza vaccine (VIS 08/6/21). 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 authorizedto make this request. I agree that neither Cascade Health 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:**_____

CLINIC USE ONLY				
Fed Tax ID	93-0421470		**Clinic Location:** Cascade Health	
NPI#	1477714467	**MFG:**	**GSK**	**Date Given**
CPT (Vaccine)	90686	**LOT#:**	☐ 53Y2G Exp. 06/30/23	
CPT (Admin)	90471	**LOT#:**	☐ Exp.	
Dx Code	Z23	**LOT#:**	☐ Exp.	
Charge	$34.00	**LOT#:**	☐ Exp.	
			Injection Site: ☒ IM ☐ R Upper Deltoid ☐ L Upper Deltoid	

	Adolf RN	Sarah
	Anderson RN	Ann
	Chavez MOA	Jessica
	Cline MOA	Curtis
	deBroekert RN	Martha
	Dochnahl RN	Annie
	Dutton RN	Becky
	Feldman RN	Cindi
	Flume MOA	Katie
	Fox EMT	Madeline
	Gehart MOA	Ben
	Gregory EMT	Alexis
	Hernandez Triana EMT	Victor
	Johnson MOA	Elysia

	Kehl RN	Jennifer
	Kent EMT	Ruby
	Knowlton RN	Karen
	Lamarche EMT	Gabrielle
	Malmgren EMT	Jim
	Marks RN	Carla
	Meyers EMT	Desire
	Michels RN	Deb
	Sahara RN	Mary Joy
	Schwindt MOA	Angela
	Selander MOA	Trevor
	Shrank RN	Jan
	Spear RN	Sheila
	Vait RN	Rita