



Please attach a copy of your insurance card to this form.

<i>Health Department Use ONLY</i>	
CI#	_____
Encounter #	_____
Receipt #	_____

SCHOOL EMPLOYEE 2015 FLU VACCINE CONSENT FORM

SECTION A: CLIENT INFORMATION

Name (Last, First, Middle) : _____

Date of Birth: _____ Age: _____ Gender: M F Home phone: _____ Work: _____ Cell: _____

Address: _____ School: _____

SECTION C: INSURANCE INFORMATION

For all insurance plans, please complete this section for billing purposes:

Name of Insured/Policy Holder: _____ Relationship of policy holder: _____
 Insurance group #: _____ Date of Birth of policy holder: _____

I authorize VDH to release records necessary to support the application for payment by Medicare, Medicaid, or other health care benefits. I request the third party payer to pay any authorized benefits to VDH on my behalf.

Signature: X _____ **Date:** _____

Employee's health insurance provider: _____ Medicare _____ UMWA _____ Black Lung _____ Anthem
 _____ Virginia Medicaid _____ Affordable Care Act _____ No Insurance
 *Policy number: _____

If Medicaid/Managed Care, please check which policy you have below:
 _____ Anthem HealthKeepers _____ Optima Family Care _____ Virginia Premier _____ Coventry Care _____ Intotal Health
 *Policy Number: _____

If Affordable Care Act Insurance, please check which policy you have below:
 _____ Anthem HealthKeepers _____ Optima Family Care _____ Virginia Premier _____ Coventry Care _____ Intotal Health
 *Policy number: _____

SECTION D: CLIENT HEALTH HISTORY

Please mark either **Yes** or **No** for each question. Do not leave any question unanswered.

If you answer "NO" to all of the following questions, you can probably get the seasonal influenza vaccine. If you answer "YES" to one or more of the following questions, you may be able to get either the mist or injectable influenza vaccine, but that will be determined by health department nursing staff. *The Nasal Spray may be given to healthy, non-pregnant people age 2 through 49 years old.

	Yes	No
1. Have you ever had a serious allergic reaction to eggs or to a component of the flu vaccine (egg protein, gentamicin, gelatin, arginine)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a serious reaction to a previous dose of flu vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had Guillian-Barre Syndrome (GBS, i.e., progressive ascending paralysis)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a serious reaction to intranasal flu vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you reached your fiftieth (50 th) birthday?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you pregnant, or could you become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a long-term health problem with heart disease, lung disease, asthma , kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g. an isolation room of a bone marrow transplant unit)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you on long term aspirin therapy or taking other aspirin-containing medications? (Only applicable if you are under 17 years old, otherwise continue).	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you taking any antiviral medications? (for example: Tamiflu or Relenza?)	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>

