



573-324-2111
 Public Health Fax
 573-324-3057
 Communicable Disease Fax
 573-324-3133
 Home Health & Hospice Fax
 573-324-5517



PikeCountyHealth.org

1 Healthcare Place Bowling Green, MO 63334

PikeCountyHospice.com

SCHOOL INFLUENZA VACCINE CONSENT FORM

First Name: _____ Last Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ DOB: _____ Age: _____ Allergies: _____

Male Female Ethnicity: Not Hispanic Hispanic RACE: _____ Preferred Language: _____

Name of Parent/Guardian: _____ DOB _____ Relationship: _____

Address: _____ City _____ Zip: _____ County: _____

Phone: _____

For Patients: The following questions will help us determine which vaccine you may be given today. If you answer "YES" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask you healthcare provider to explain.

FLU

- 1. Is the person to be vaccinated sick today? YES or NO
- 2. Does the person to be vaccinated have an allergy to any component of the vaccine? YES or NO
- 3. Has the person to be vaccinated ever had a serious reaction to **ANY** vaccine in the past? YES or NO
- 4. Has the person to be vaccinated ever had Guillain-Barré Syndrome? YES or NO

Private Insurance: (circle one) Anthem/BCBS Aetna/Coventry Cigna Healthlink Humana UHC UMR Other: _____

Member #: _____ Group #: _____ Contact Phone #: _____

Medicare #: _____ Medicaid #: _____

No Insurance or Under Insured American Indian or Alaska Native:

I have read or have had explained to me the information on this form. I believe I understand the benefits and risk of the vaccine(s). I have chosen to request the vaccine be given to me or the person named above for whom I authorized the request.

Signature _____ Date: _____

Office use only	PP	VFC	317
Place of service: <input type="checkbox"/> 03-School <input type="checkbox"/> 12-Home <input type="checkbox"/> 13-Assisted Living Facility <input type="checkbox"/> 15-Mobile Unit <input type="checkbox"/> 71-PCHD			
<input type="checkbox"/> INFLUENZA (90686) Manufacturer/Lot# _____ Exp. Date: _____ RDM LDM			
<input type="checkbox"/> HIGH DOSE (90662) Manufacturer/Lot# _____ Exp. Date: _____ RDM LDM			
<input type="checkbox"/> COVID _____ Manufacturer/Lot# _____ Exp. Date: _____ RDM LDM			
<input type="checkbox"/> PNA _____ Manufacturer/Lot# _____ Exp. Date: _____ RDM LDM			
VIS DATE: INFLUENZA - 08/06/2021 PPSV 23 - 10/30/2019 PCV13 - 02/04/2022 PCV15/PCV20 - 02/04/2022			
NURSE SIGNATURE: _____		Date: _____	