FLU Vaccine Registration Form

PATIENT LABEL HERE

SECTION 1: PATIENT INFORMATION

Patient Name: _____ DOB: _____/_____/_____
Last First MI

Primary Phone: (_____)_____ ❑ Cell **OR** ❑ Home

SECTION 2: INSURANCE INFORMATION

PRIMARY INSURANCE

Company Name: _____

Policy ID #: _____

SECONDARY INSURANCE

Company Name: _____

Policy ID #: _____

SECTION 3: QUESTIONNAIRE & AUTHORIZATION

The following questions will help us determine if there is any reason we should not give you this vaccination 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 your healthcare provider to explain it.

	YES	NO
• Is the person to be vaccinated sick today?	❑	❑
• Does the person to be vaccinated have any allergy to eggs or to a component of the vaccine?	❑	❑
• Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	❑	❑
• Has the person to be vaccinated ever had Guillain-Barre syndrome?	❑	❑

Consent & Authorization: I, the undersigned, am the patient or legal representative of the patient listed above. My signature constitutes authorization for treatment; acceptance of the financial policy; authorization for Clackamas & Oregon Pediatrics to bill the insurance using information on file; authorization to release medical data relating to a claim; and authorization to assign benefits directly to Clackamas & Oregon Pediatrics. I have received, read, and understand the Vaccine information sheet.

*I have reviewed and understand the risks and benefits of the **FLU Vaccine**.

_____ _____
Printed Name of Patient / Parent / Legal Representative **Relationship to Patient**

_____ _____/_____/_____
Signature of Patient / Parent / Legal Representative **Date Signed**

OFFICE USE ONLY

Insurance: ❑ Commercial Insurance - **OR** - ❑ OHP (Oregon Health Plan) / Medicaid
Administration: ❑ LA ❑ LT ❑ RA ❑ RT Lot# _____
FLU Vaccine: ❑ Flu Shot 0.5 PF Quad - **OR** - ❑ FluMist

_____
Administered by (PRINT NAME)