

Seasonal Influenza and Pneumococcal Data Entry Form

Last Name		First Name		Middle Initial	Date of Birth	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address				City	State	Zip	
Phone Number ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Social Security	Ethnicity: Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Do you give permission for us to contact you: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Medical Insurance Information

Does client have health insurance Yes No If yes, please complete questions below

If you do not have medical insurance and wish to be considered for the flu shot at no charge, please provide the following information. **I choose not to report my income.** I understand that I will be charged \$25.00 for my flu shot.

Gross Household Income: \$ _____ **Number of people supported by income:** _____

<input type="checkbox"/> Medicaid/Soonercare	Medicaid Number:	First and Last name as it appears on card		Mothers Maiden Name:
<input type="checkbox"/> Private Insurance	Indicate Primary insurance:	Policy Holder:	Group No.:	Policy No.:
	Indicate Secondary insurance:	Policy Holder:	Group No.:	Policy No.:
<input type="checkbox"/> Medicare	Do you have Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Medicare Primary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:

I have read or had explained to me the information contained in the Influenza & Pneumococcal Vaccine Information Statement(s) about the disease(s) and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or to the person for whom I am authorized to make the request. I have reviewed the Notice of Health Information Practices (HIPAA) and understand that immunization and billing information may be provided to school/child care officials, public health officials, health care professionals and insurance processing entities.

I hereby authorize THD to bill my private insurance (if applicable) for services provided and understand that I am responsible for any portion not covered by my Policy.

Signature: X _____ **Date:** _____

Medical Screening Questions

- | | |
|---|---|
| 1. Do you have a fever, infection or current illness today? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Have you ever experienced Guillain-Barre syndrome (severe paralytic illness)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever had a serious reaction to the influenza vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Have you ever had a pneumonia vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have an allergic reaction to a component of the vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

For Office Use Only

VFC Eligibility Status: 1-Medicaid 2-Native American 3-Native Alaskan 4-Underinsured 5-No Insurance

Payment Source: No Charge Payment \$ _____ Cash Check # _____ CC

Billing Insurance: BCBS Cigna Community Care Health Choice Medicaid Medicare
 Vendor: _____

Vaccine Type	Date	Lot Number	Site	Signature / Initials	Vaccine Type	Date	Lot Number	Site	Signature / Initials
FLUCEL VAX 4yr-18yr VFC					AFLURIA 6mo & up				
FLUARIX 6mo-18yr VFC					FLUZONE 6mo & up				
FLUZONE 6mo-18yr VFC					FLUZONE 65r & up				
FLULAVAL 6mo-18yr VFC					FLUMIST 2yr & up				
FLUMIST 2yr-18yr VFC									
					PNEUMOVAX				
					PREVNAR 13				
FLUCEL VAX 18yr & up 317									