



Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax (203) 452-1050



INFLUENZA VACCINE CONSENT FORM

Form fields for Patient's Name, Date of Birth, Age, Gender, Home Address, City/State, Email, and Phone.

Please answer the following:

- Is this your first flu shot? Yes / No
Have you ever had a serious reaction to a flu shot? Yes / No
Are you sick with a fever today? Yes / No
Are you allergic to eggs, Thimerosal, any vaccine ingredient or latex? Yes / No
Have you ever had a neurological disease or Guillian-Barre Syndrome? Yes / No
Are you pregnant or a nursing mother? Yes / No

Influenza injection & billing consent:

I have read or had explained to me, the information sheet about influenza vaccination and the Trumbull Health Department's privacy policy... I understand that if my insurance rejects payment for this vaccination the Trumbull Health Department will bill me and will agree to pay the fee.

- HIPAA & VIS: Reviewed copy made available on site and/or online.
Primary care provider: _____ Location _____
Copies will automatically be sent to pediatrician's offices of those 18 years and younger in the Trumbull area.

PLEASE PRESENT A PHOTO ID AND ALL INSURANCE CARDS TO BE PHOTOCOPIED. THANK YOU!

X _____ Date: _____
Signature of recipient (or parent or guardian)

FOR NURSES ONLY:

Vaccine Site: Left Deltoid / Right Deltoid Manufacturer: Sanofi-Pasteur / GSK Lot Number: _____

Table with columns for Nurse Signature, Date, Drug Code, Admin Code, and Dx Code: Z23. Rows include Fluzone Quad, Fluzone HD, Flublok, and Flulaval (VFC).

Self-Pay: Cash ___ Check ___ Credit Card ___