

Midland County Health Department
FLU CLINIC RECORD 2022-2023

Please Print

Name: _____
Last First Middle Int.

Date of Birth: _____ Age: _____ Sex: Male Female

Address: _____ Phone: (____) _____

City: _____ State: _____ County: _____ Zip Code: _____

ELIGIBILITY INFORMATION (Children 0 - 18 yrs of age)

- _____ Enrolled in Medicaid # _____
- _____ No health insurance
- _____ Has health insurance with immunization coverage
- _____ Has health insurance but immunizations not covered
- _____ American Indian or Alaska Native

Insurance Information:

Enrolled in Medicaid, ID Number _____

Enrolled in Medicare, ID Number _____

Enrolled in Private Insurance, ID Number _____ D.O.B. of Cardholder _____
(example, Aetna, BCBS)

Name of Insurance _____ Cardholder name _____

MEDICAL HISTORY

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the person to be vaccinated sick today? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a severe reaction to a previous dose of the flu vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the person to be vaccinated have an allergy to an ingredient of the vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a history of Guillain-Barre' disease? | <input type="checkbox"/> | <input type="checkbox"/> |

I authorize Midland County Health Department to release information, verbally or in writing, regarding my having received influenza vaccine, as is necessary for the authorization and payment for professional services.

I have read or have had explained to me, "*Influenza Vaccine Information Statement (08/15/2019)*." I have had a chance to ask questions to which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine, and based on the knowledge, I request that the vaccine be given to me.

Signature

Date

Date: _____	Site _____	Lot # _____	RN Signature _____	
VFC		Private Pay	Private Pay	Administration Fee
V90672 – Nasal		90686 – Fluarix – 6 months+	90688-Flu (Sanofi MDV)	90471 Admin Fee
V90686 – Fluarix – 6 months+		90672-Nasal	90682 - Flublok	90473 Nasal Admin
		90662-High Dose	G90686 –Flu (Free)	G0008 MCare Flu Admin
				G90686-Flu (Free)