



2017-2018 Influenza Consent Form for Non-Patients

Name (Last, First, MI):

DOB: ___/___/___

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1. Do you have a serious allergy to eggs? Yes No
 2. Do you have any other serious allergies that you know of? Yes No
If yes, please list: _____
 3. Have you ever had a serious reaction to the flu vaccine? Yes No
 4. Are you sick today? Yes No
 5. Have you ever had Guillain-Barre Syndrome (a type of temporary, Severe muscle weakness) within 6 weeks after receiving a flu vaccine? Yes No
 6. Do you have any conditions that weaken your immune system or care Yes No
For anyone with a weakened immune system?
 7. Are you taking anti-viral medicines (like Tamiflu, Relenza)? Yes No
 8. For Children under 8 years of age: Have they had flu vaccine before? Yes No
 9. Do you have a seizure disorder or cerebral palsy? Yes No
 10. Do you have asthma or wheezing? Yes No
 11. Are you or could you be pregnant? Yes No

Consent:

I have received the Vaccine information form and agree to have the Influenza vaccine administered:

Signature:

Nursing Use Only:

<u>Vaccine Name:</u>	<u>Date Administered</u>	<u>Lot Number</u>	<u>Exp. Date:</u>	<u>Manufacturer:</u>	<u>Site Administered:</u>	<u>Administered By:</u>

Insurance Information:

Insurance Type: MaineCare Anthem Cigna Community Health Options Medicare Harvard Pilgrim United Healthcare Aetna

Other: _____ Primary Care Provider: _____

Policy Number: _____ Group Number: _____

Copy of insurance card? YES NO



Demographic Information:

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Race: _____ White _____ Black, African American _____ Other Pacific Islander _____ Asian

_____ South/Central/North American Indian, Alaskan Native _____ Native Hawaiian

_____ Multiracial

Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/ Latino

Preferred Language: _____

Do you receive General Assistance Benefits: _____

Are you homeless: ____ Yes ____ No

Is English your first language: ____ Yes ____ No If not, please specify

Total annual household income: \$_____ Family Size:

For Children Only:

Parent/Guardian Name: _____ Relationship:

Parent/Guardian Date of Birth: ___/___/___