



Consent and Administration Record – Green Lake County



FLU IMMUNIZATION

Green Lake County Health & Human Services
571 County Rd A, Green Lake, WI 54941
(920)294-4070

Information about the individual receiving vaccine(s) – please print				
Last name		First name		MI
Street Address			City	State WI
Phone Number			County You Live in	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's maiden name	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black/African America <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____				Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

Questions about the individual receiving the vaccine		Yes	No
1	Are you allergic to eggs?		
2	Do you have a fever or feel ill today?		
3	Have you ever been diagnosed with Guillain-Barre syndrome?		
4	Have you ever had a serious reaction to a flu shot?		

Eligibility Status (check all that apply) This section must be completed.	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid Eligible	<input type="checkbox"/> Insured, Vaccines Covered
	<input type="checkbox"/> Badger Care	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> No Health Insurance
	<input type="checkbox"/> Insured, Vaccine Not Covered		

SIGNATURE X _____ DATE _____

Signature PLEASE SIGN YOUR NAME EXACTLY AS IT APPEARS ON YOU MEDICARE CARD (IF APPLICABLE)

****Please note: make sure you are presenting your Medicare HMO card for billing purposes. If your claim is denied, you will be billed for services.*

For Office Use Only

Vaccine	VIS Pub. DATE	Manufacturer & Lot Number	Body Route	Body Site*
Influenza	08/15/2019	Fluarix Quadrivalent, P-Free Z7275 GlaxoSmithKline Expires 6/30/21	IM	RV LV RD LD

Vaccine Supply	<input type="checkbox"/> PRIVATE
Private Pay Flu:	\$40 <input type="checkbox"/> Cash <input type="checkbox"/> Check #

Signature and Title of vaccine Administrator _____ Date _____