

High Dose (65 yr & Over)
 FluBlok (50 yr & Over)
 Fluzone (6 mon & Over)
 VFC Fluzone (6 mon-18 yr)
 317 Fluzone (19 yr and older)
 Flu Mist (2 yr-49 yr)

Doniphan Co. Health Dept./Home Health 2024-2025 Seasonal Flu Vaccination Consent Form

Person Receiving the Vaccine:

Print the **NAME** of the person receiving the vaccination: _____

If client is a **MINOR**, name of parent or guardian: _____

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

Mailing Address: _____ City: _____ Zip: _____

Race: White Alaskan Native/American Indian Black/African American Native Hawaiian/Pacific Islander Asian Decline
 Ethnicity: Hispanic/Latino non-Hispanic Decline to Answer

Primary Insurance Information: Please provide the information:

NAME of Policy Holder **EXACTLY** as it appears on the insurance card: _____

Name of Insurance Company or Medicare: _____

Insurance Member policy # or Medicare # _____

Name of Secondary Insurance Company & Policy Number: _____

KanCare: Sunflower Aetna United Card # _____

Immunization Screening Questionnaire

1. Is the person to be vaccinated currently sick or experiencing high fever? Yes No
2. Does the person to be vaccinated have a history of Guillain Barre' Syndrome? Yes No
 (A Syndrome in which the body damages its own nerve cells resulting in weakness and sometimes paralysis.)
3. Has the person to be vaccinated ever had a serious allergic reaction to eggs? Yes No
4. If the person receiving a flu shot is under 9 years of age, did he/she have the flu shot in the past? Yes No NA
5. Has the person to be vaccinated had a serious reaction to a previous dose of the flu vaccine? Yes No
6. Has the person to be vaccinated received any other vaccine in the last 4 weeks? Yes No
7. Does the person to be vaccinated have issues with asthma, wheezing, COPD, weakened immune system, CHF, chronic kidney problems, diabetes, egg allergy, or pregnant/breastfeeding? Yes No

I have been offered or provided, whether accepted or not, a copy of the "Vaccine Information Statement(s) and a Notice of Privacy Practices (NOPP) dated February 4, 2016." I have read, or have had explained to me, the information in the "Vaccine Information Statement(s)". My questions have been answered satisfactorily, and I ask that the flu vaccine be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Kansas Immunization Registry for myself or on behalf of the person named below.

The Doniphan County Health Department/Home Health Agency can bill my insurance for any services rendered as applicable. I understand I will be responsible for any services provided which my insurance does not cover. ALL INFORMATION IS CONFIDENTIAL. I certify that the above information is correct to the best of my knowledge. I authorize the release of immunization records for the patient listed above to any licensed physician, primary care provider, local health department, educational institution, or regulated child/adult care facility. I understand any other health information for the patient listed above will not be released without written authorization from the patient's responsible party.

Signature of Patient or Parent/Guardian

Date

PROVIDER INFORMATION

Vaccine Provider: Doniphan Co. Health Dept./Home Health Agency			Clinic Site: DPCOHD		
Street Address: 201. S. Main -PO Box 609, Troy	State KS	Zip Code 66087	Street Address: 201 S. Main Street, Troy	State KS	Zip Code 66087

(Circle the appropriate vaccine, dose, extremity, site, route, and write in the manufacturer, lot #, and expiration date)

FOR CLINICAL USE ONLY

Vaccine	Dose	Ext.	Site	Route	VIS Date	Lot # and Exp Date
High Dose Tri	0.5cc 1	RT LT	Deltoid	IM	8/6/2021	
FluBlok Tri	0.5cc 1	RT LT	Deltoid	I M	8/6/2021	
Fluzone Tri	0.5cc 1 2	RT LT	Deltoid Vastus Lat	IM	8/6/2021	
Fluzone Tri 317	0.5cc 1	RT LT	Deltoid	IM	8/6/2021	
Fluzone Tri VFC	0.5cc 1 2	RT LT	Deltoid Vastus Lat	IM	8/6/2021	
Flu Mist	0.2cc	Each Nostril	Nasal	Nasal	8/6/21	

Signature and Title of Vaccine Administrator

Date