

Henderson County Department of Public Health Flu Vaccine Consent Form

1. Last Name _____ First Name _____
 Name of Parent/Guardian: Last Name _____ First Name _____
 Age: _____ Date of Birth: _____ Gender: Male Female Ethnicity: Hispanic Non-Hispanic
 Race: African Am Am Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander White Other

Mailing Address:

Street/ PO Box _____ City _____ State _____ Zip Code _____
 Daytime Phone Number: _____

1. Primary Insurance Accepted Medicaid Health Choice Private Insurance OR Uninsured

 Attach Copy of Insurance Card OR complete the following:

Subscriber Name _____ Subscriber Date of Birth: _____
 Subscriber Policy No. _____ Group No. _____
 Child Member No. _____ See example



Subscriber Name:	
JOHN DOE	01
Subscriber ID:	
YPPW123456789	
Members:	
JANE	02
SAM	03

2. A. Have you ever had a serious reaction to any vaccine? Yes No
 B. Do you have any allergies? If yes, what: Yes No
 C. Have you ever had Guillain-Barré syndrome? Yes No
 D. Have you been sick or running a fever? Yes No

3. **Consent for Use of Protected Health Information:** I have access to the Notice of Privacy and agree to the use and disclosure of my personal health information for health care operations, along with the assignment of payment from the insurer listed above to Henderson County Department of Public Health.

Vaccine Authorization: I have received/viewed the Vaccine Information Statement (VIS) for the flu vaccine and had the opportunity to review and ask questions that were answered to my satisfaction. I understand the risks and benefits of this vaccine and request that flu vaccine be given to me or minor in my custody.

 Signature: _____ Date: _____

Office Use Only:

- STATE Eligible
 PRIVATE Eligible
 DATE of Flu VIS: 8/6/21
 NCIR Entered

Route/Site: _____

Date: _____

Vaccine: _____

Nurse Administering: _____

Lot Number: _____