

**Adair County Health Department Flu Clinic
Flu Assessment Screening and Consent Form**

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City State Zip Code
Phone#: _____ County: _____ Sex: Male Female

Your Medicare Number _____ Your Medicaid Number _____

Do you have private insurance? Yes or No

Please answer the following questions:(if answer yes, please explain)

1. Do you have a cold, cough, fever or chills? **Yes or No** _____
2. Are you **allergic** to eggs, chicken, or feathers? **Yes or No** _____
3. Have you received vaccines or injections in the last 4 weeks? **Yes or No** _____
4. Are you taking antibiotics or prednisone, cortisone, anti-cancer or other drugs that might prevent you from getting the vaccine? **Yes or No** _____
5. Have you had Influenza vaccine (flu) before? **Yes or No** _____
6. For Women: Are you pregnant? **Yes or No** **If yes, Have you checked with your doctor?** _____
7. Do you faint with injections? **Yes or No** **If yes,** _____
8. Do you have asthma or a chronic health condition? **Yes or No** _____

Please read the following statement

This record will be kept at the Adair County Health Department in a file. It will record when the vaccine was given, the name of the company that made the vaccine, the vaccine lot number and who and where the vaccine was given. I have read and or received a copy of the Vaccine Information Statement and I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine to be given.

I understand that if I have Medicare and/or Medicaid insurance, my insurance will be billed for the vaccine and injection. I acknowledge by my signature below, that I have been offered a copy of Adair Co. Health Department/Home Health Agency "Notice of Privacy Practice Act (HIPAA)", and have read the statement above.

Signature of Patient or Parent/Guardian

Date

For clinic staff use only

Referred for further medical screening

Recommended for vaccine

No vaccine given

TYPE OF VACCINE:FLU/MANUFACTURE/LOT#EXPIRATION DATE;

Date Given: _____

Initials of person giving vaccine: _____ (see signature/credentials, initials sign in sheet)

VFC