2020-2021 Sudbury Board of Health Influenza Form

2020-2021 INFLUENZA INSURANCE FORM TOWN OF SUDBURY MA

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much of this form as possible using existing information.

Information below about the person to receive vaccine (please print): **Required Fields***

Name: (Last, First, MI)*	Date of birth: * _____ _____ _____ Month Day Year	Age*	Gender: (Circle)* Male Female Other
Street Address:*			
City:*	State: *	Zip:*	Phone:* ( )

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes No	Is Subscriber Employed? Yes No

If person getting vaccinated is not the subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: * _____ _____ _____ Month Day Year	Gender: (Circle)* Male Female Other
Subscriber's Street Address:* (If different from address above)		
City:*	State:*	Zip: *	Phone:* ( )
Patient Relationship to Subscriber: (Circle)* Spouse Child Other		

I give permission for my insurance company to be billed. Your information will be entered into the Massachusetts Immunization Information System (MIIS) as required by law. The MIIS is a confidential, computerized statewide immunization tracking system. Immunization records may be shared with health care providers, school nurses, local boards of health and state agencies concerned with immunization. You can choose to restrict who may see your shot information in the MIIS at any time

X _____ Date:_____

For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service	Vax Type	Vax Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS given
					.5ml	No	Yes	IM	L Arm R Arm	8/15/19	Same as the date of service

Screening:

Are you feeling well today? Y or N

Have you ever had Guillain-Barre' Syndrome? Y or N

Do you have an egg allergy or allergy to the Flu Shot? Y or N

Have you had a serious reaction to Flu shot? Y or N

Reviewed by:_____

I give consent to the Sudbury health Department/MRC and it's staff for vaccination. I accept responsibility for seeking any problems with the vaccination. I understand that this vaccine may cause flu like symptoms and in rare cases Guillain-Barre Syndrome. I have had the opportunity to review the Vaccine Information Sheet and have had any questions answered.

Patient Signature:_____ Date:_____

Provider Name: Sudbury Board of Health MDPH Provider PIN#: 33333

Provider Address: 275 Old Lancaster Road Sudbury MA. 01776