



Pike County Health Department
Home Health & Hospice

573-324-2111
Public Health Fax
573-324-3057



Caring for our Communities since 1969

PikeCountyHealth.org | 1 Healthcare Place Bowling Green, MO 63334 | PikeCountyHospice.com

INFLUENZA VACCINE CONSENT FORM

Place of Service: 03-School

First Name: _____ Last Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Allergies: _____

Male or Female American Indian or Alaska Native Yes or No

For Patients: The following questions will help us determine which vaccine you may be given today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain.

- | | | | |
|---|-----|----|----|
| 1. Is the person to be vaccinated sick today: | Yes | or | No |
| 2. Does the person to be vaccinated have an allergy to any component of the vaccine? | Yes | or | No |
| 3. Has the person to be vaccinated ever had a serious reaction to ANY vaccine in the past? | Yes | or | No |
| 4. Has the person to be vaccinated ever had Guillain – Barre Syndrome? | Yes | or | No |

Private Insurance: Circle One Anthem/BCBS Aetna/Coventry Cigna Healthlink Humana UHC UMR Meritain

Member # _____ Group# _____ Customer Service # _____

Medicaid/ MO Healthnet: DCN# _____ **No Insurance or Under Insured**

I have read or have had explained to me the information on this form. I believe I understand the benefits and risk of the vaccine(s). I have chosen and request the vaccine be given to me or the person named above for whom I authorized the request.

Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Office Use Only

PP VFC 317

O INFLUENZA (90686) Manufacturer/Lot#: _____ Exp. Date: _____ RDM LDM

VIS DATE: INFLUENZA– 08/06/2021

Nurse Signature: _____ Date: _____