

Pocahontas County Public Health
21 3rd Avenue NE | Pocahontas, Iowa 50574
Phone: 712-335-4142 | Fax: 712-335-3581

Flu Vaccination Form (PLEASE PRINT)

Last Name	First Name	MI	DOB MM/DD/YYYY
M / F			
Age	Gender	Phone	Family Physician
Street Address	City	State	Zip

Are you sick today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an allergy to a component of the vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a serious reaction to the influenza vaccine in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had Guillain-Barre syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have been offered a copy of the Notice of Privacy Practices, Policy and Procedure. My signature authorizes Pocahontas County Health Department to bill my insurance company or Medicare depending on eligibility.

I have been given and have read the information in the 'Vaccine Information Statement' (08/06/21) for the Inactivated Influenza Vaccine. I understand the benefits and risks of the vaccine and also understand that I have the choice to decline the vaccine.

Individual's Financial Responsibility: I understand that I am financially responsible for my health insurance deductible, coinsurance or non-covered service. In the event that my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided. If I am uninsured, I agree to pay for the medical services rendered to me at time of service.

_____ (please initial)

Client or parent/guardian signature _____ **Date** _____

PLEASE CHECK THE GROUP YOU QUALIFY FOR:

- _____ Private Pay
- _____ Medicare Part B (Copy of Card)
- _____ Wellmark BC/BS (Copy of Card)
- _____ Medicaid (Copy of Card)
- _____ VFC/VFA (Copy of Card)

TYPE OF FLU VACCINE AVAILABLE:

- Fluzone High Dose quad – 65 & older - \$65
- Fluarix quad – 6 months & older - \$30
- FluLaval quad - VFC

*****OFFICE USE ONLY*****

Date	Vaccine	Site	Lot #	Administered by:
	Fluzone High Dose	RD/LD I.M.	UT8454AA	
	Fluarix Quad	RD/LD I.M.	PG52S	
	FluLaval	RD/LD I.M.	2XK44	