Baraga County Memorial Hospital

2023 FLU VACCINE CONSENT RECORD

I have read the information about influenza and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and I request that it be given to me or to the person named below for whom I am authorized to make this request.

CLINIC TIMES: There will be 2 drive up clinics in the rear of the hospital this year. We will serve patients alphabetically. Those with last names starting in letters **A-M may attend September 28, 2023** 7am-12 noon. Those with last names starting in letters **N-Z may attend October 2, 2023** 7am-12 noon.

PLEASE compete the marked patient portions and bring a hard copy of this document when you come to get your flu vaccination. Each person needs their own form. Also please remember your insurance card. (Unfortunately we cannot accept Medicaid for this clinic but you may choose private pay or to follow up with your primary provider) Clinic use areas must be left blank.

MEDICARE /HEALTHY MICHIGAN

This Box Clinic Use Only:
Place Insurance Card in This Box Once Document is Complete and Take Photo

PLEASE COMPLETE PATIENT PORTION

Is the person to be vaccinated sick today?
___Yes ___No

Does the person to be vaccinated have an allergy to an ingredient of the vaccine? ___Yes ___No

Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
___Yes ___No

Has the person to be vaccinated ever had Guillain-Barre syndrome? ___Yes ___No

PLEASE COMPLETE PATIENT PORTION
INFORMATION ON PERSON TO RECEIVE FLU VACCINE: Male_____ Female ______

NAME:____
(Please Print)

ADDRESS____
PO Box/Street *City* *State/ZIP*

PHONE ________________ **BIRTHDATE** ____________________ **AGE**__________

SIGNATURE of person to receive vaccine or person authorized to request; includes permission to bill Medicare/Medicaid if eligible.

X____ **DATE**__________________

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FOR CLINIC USE ONLY

Baraga County Memorial Hospital
Clinic Identification

September 28th, 2023/ October 2nd, 2023
Circle Date Vaccinated

Manufacturer, Lot # & NDC #
Version Date: 2023-2024 Formula
(In accordance with USPHS requirements)

- ☐ High Dose Quadrivalent ☐ Quadrivalent
- ☐ Rt Deltoid ☐ Rt Thigh
- ☐ Lt Deltoid ☐ Lt Thigh
- ☐ Other______________________

Injection Site

____
Vaccine Administrator Signature & Title

Administrator Comments: ____