801 Pacific Ave
PO Box 489
Tillamook, OR 97141
503-842-3900

INFLUENZA IMMUNIZATION CONSENT AND CLAIM FORM

2020-2021 SEASONAL FLU

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child the inactivated (shot) influenza vaccine today. If you answer "yes" to any question, it does not necessarily mean you (or your child) 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 it.

MRN

☐ **FLU SHOT**

☐ **PNEUMONIA**

INSURANCE INFO

☐ Medicare Part B
#_____

☐ Oregon Health Plan
#_____

☐ _____
Private Insurance Name

_____
Member #

_____ _____
Subscriber Name Date of Birth

SELF-PAY

☐ Flu ☐ Pneumo
☐ $0 ☐ $15
☐ $15 ☐ $103 (PPV)
☐ $30 ☐ $202 (PCV)
☐ $65 (HD)

PATIENT INFORMATION (PLEASE PRINT)

Parent/Guardian Full Name: _____

Last Name:	First Name:	MI:
Date of Birth: (mo/day/yr) _____	Phone#:	Sex: ☐ F ☐ M
Street and/or Mailing Address:		
City:	State:	Zip:

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated today have an allergy to eggs, medicines, foods, latex, or vaccines?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to any influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐
5. Does the person to be vaccinated have diabetes?	☐	☐	☐
6. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs, or receiving antiviral medications?	☐	☐	☐
7. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g. diabetes), or anemia or another blood disorder?	☐	☐	☐
8. Does the person to be vaccinated live with, or expect to have close contact with, a person whose immune system is severely compromised and who must be in protective isolation (e.g. an isolation room of a bone marrow transplant unit)?	☐	☐	☐
9. Has the **CHILD** to be vaccinated received a FLU vaccination before? ☐ Injectable (shot) ☐ Intranasal (FluMist) Doses received in past year: ☐ 1 or ☐ 2	☐	☐	☐
10. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	☐	☐	☐

I have read/had explained to me the information about influenza and influenza vaccine (VIS sheet). 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 ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I agree that Tillamook County Community Health Centers shall have no responsibility or liability if I contract influenza, or other respiratory diseases, or suffer any other adverse reaction following administration of the flu shot. I allow the release of any information needed to process insurance claims or request payment of medical benefits. I understand that I am responsible if payment is denied by my insurance carrier.

X Signature of responsible person: _____ **Date:** _____

Nurse _____ **Clinic Location:** _____ **Date:** _____

Dose: .2 .5 .65 **Site:** RDIM RVLIM
Inj. Exp: 6/30/21 NASAL LDIM LVLIM

PLACE PF STICKER HERE

☐ Entered in EPIC
☐ Not Entered in EPIC

Dose: .5 **Site:** RDIM LDIM

PRIVATE INS OR $30 (ALL AGES) & INSURED ADULTS – Use **"L"** Code
BLUE HD .5

CPT 90672		CPT 90662 | 90686
FluMist		PF Syringe
MH2024	12/15/20	UJ537AC (HD)
MH2203	12/29/20	UT7102NA
		UT7115LA

VFC (OHP or No Ins. ONLY) (0-18 yrs ONLY – **NO ADULTS**)
GREEN

CPT 90672		CPT 90686
FluMist		PF Syringe
MH2201	12/16/20	UT7035MA

FLU POOL (No ins. ADULTS ONLY – "S" Code)
RED

CPT 90672		CPT 90686
FluMist		PF Syringe
MH2202	12/28/20	UT7035MA
CPT 90688		
MDV		
UJ493AA		

PNEUMONIA

CPT 90732 PPV23		CPT 90670 PCV13	
Lot#	Exp. Date	Lot#	Exp. Date
S012245	2/9/21	AI3577	6/30/21
S034299	7/1/21	AT8661	12/31/21
T020638	2/26/22	CY4777	8/31/22
		DJ7719	8/31/22

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