Cedar County Public Health

400 Cedar St. Tipton, IA (563) 886-2226

OFFICE USE ONLY	Initials	Date
Scanned		
Entered In IRIS		
Billed		
Payment Received		

ADULT 2016/2017 Influenza Vaccine Consent Form

NAME: (Last) (First) (MI)	DATE OF BIRTH:	AGE:
STREET ADDRESS: BOX# :	GENDER: (circle one) Male Female	
CITY: STATE: ZIP:	PHONE NUMBER:	
YOUR CLINIC (circle one): Genesis-Durant Mercy-Tipton Mercy-West Branch Unity Point-Clarence Unity Point-Tipton Other:		

PLEASE CHECK THE APPROPRIATE BOX	YES	NO
1. Have you ever had a severe reaction to a previous dose of flu vaccine?		
2. Do you have a severe allergy to any components of the flu vaccine?(eggs, gelatin, thimerosal, latex)		
3. Are you sick with a fever today?		
4. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?		

CONSENT FOR VACCINATION

- The Vaccine Information Statement for the 2016/2017 influenza vaccine has been made available to me and I understand the risks and benefits.
- I give consent to Cedar County Public Health to vaccinate the person named above with the recommended vaccine for his/her age and to record the vaccination in the state immunization registry (IRIS).
- If eligible for Medicare or Medicaid benefits, I certify that the information I provided for payment is correct. I authorize release of all records required to act on this request. I authorize Medicare or Medicaid to make payments directly to the Cedar County Public Health.

Patient Signature: Date:

CHECK ONE	PAYMENT		AMOUNT	IDENTIFICATION NUMBER
	Private Pay	Cash/Check	$25	
	County Employee		0	
	Medicaid (United, Amerigroup, AmeriHealth Caritas)		0	
	Medicare		0	
	Medicare Advantage (Humana/United/Coventry)		0	

THIS SECTION FOR OFFICE USE ONLY

☐ I have screened this patient for contraindications Nurse's Signature: Date:	Place Sticker Here		Left Arm
			Right Arm