



ADULT 2021/2022 Influenza Vaccine Consent

Cedar County Public Health*400 Cedar St. Tipton, IA*(563) 886-2226

PATIENT INFORMATION						
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	GENDER (circle one): Male Female Other	
DATE OF BIRTH: ____/____/____			AGE:	PHONE NUMBER:		
STREET ADDRESS:		CITY:	STATE:		ZIP CODE:	
YOUR DOCTOR'S OFFICE (circle one)		Clarence Unity Point	Durant Genesis	Tipton Mercy	Tipton Unity Point	West Branch Mercy Other: _____

PLEASE ANSWER ALL QUESTIONS		CIRCLE ONE	
1. Have you ever had a severe reaction to a previous dose of flu vaccine?		YES	NO
2. Do you have a severe allergy to any components of the flu vaccine? (eggs, gelatin, latex)		YES	NO
3. Are you ill today, either with or without a fever?		YES	NO
4. Have you ever had Guillain-Barre Syndrome? (a type of temporary severe muscle weakness)		YES	NO

CONSENT FOR VACCINATION	
<ul style="list-style-type: none"> The Vaccine Information Statement for the current influenza vaccine has been made available. I understand the risks & 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 Iowa Immunization Registry Information System (IRIS). 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, Medicaid, or Blue Cross Blue Shield to make payments directly to Cedar County Public Health. If payment is denied, I am responsible for the charges. 	
Patient Signature: X	Date:

CHOOSE ONE METHOD OF PAYMENT	
<input type="radio"/> BLUE CROSS/BLUE SHIELD INSURANCE	<input type="radio"/> UNINSURED (Use specific lot #)
IDENTIFICATION NUMBER:	
NAME OF CARD HOLDER:	BIRTH DATE OF CARD HOLDER: ____/____/____
<input type="radio"/> MEDICARE OR MEDICARE ADVANTAGE	
IDENTIFICATION NUMBER:	
<input type="radio"/> MEDICAID OR MCO (If an MCO, circle one: Iowa Total Care or Amerigroup)	
IDENTIFICATION NUMBER:	NAME OF YOUR PHYSICIAN:
<input type="radio"/> \$30 PRIVATE PAY	CIRCLE ONE: CASH CHECK <i>We are not able to accept credit/debit cards</i>

STOP! THIS SECTION FOR OFFICE USE ONLY					Sticker	
<input type="radio"/> I have screened this patient for contraindications			<input type="radio"/> Left Arm			
			<input type="radio"/> Right Arm			
Nurse's Signature:		Date:				
Payment info received	Entered in IRIS	Entered on spreadsheet	Entered in Nightingale	Billed	Payment received	