



Influenza Immunization Consent Form • 2015-2016

The first section must be completed to receive a flu shot today. (PLEASE PRINT CLEARLY)

EMPLOYER: CITY OF EUGENE		
Last Name:	First Name:	MI:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Street Address:		
City:	State:	Zip:
Have you had: <ul style="list-style-type: none"> Life threatening reaction to a flu shot? Guillain-Barre Syndrome? Severe allergy to eggs? Severe latex allergy? Are you currently: <ul style="list-style-type: none"> Ill with a fever? 		Nursing Comments <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____

I have read/had explained to me the information about influenza and influenza vaccine (VIS 08/07/15). 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 neither Cascade Health Solutions or Cascade Medical Associates nor their sponsor shall have any responsibility or liability if I contract influenza, or other respiratory diseases, or suffer any other adverse reaction following administration of the flu shot. By signing below, I consent to the release of this consent form to my employer/insurance company for billing purposes; unless I am paying for the vaccination myself then no release is necessary.

SIGNATURE:

Date:

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Community Provider/Health Plan Use Only	Clinic Use Only
Federal Tax ID: 93-0421470 NPI# 1477714467 CPT Code (vaccine): 90686 CPT Code (admin): 90471 Diagnosis Code: Z23 Charge: \$31.00 Bill Employer Revised 9/2/2015	Clinic Location: Cascade Health Solutions Mfg: GSK Lot#: 497KX Exp. Date: 6/30/2016 Vaccination Date: Injection Site: IM R / L upper deltoid Provider: Brandon Mattox Carla Marks RN Jeanne Reed RN Deanne Galbraith MOA Whitney Swan MOA Mary Joy Sahara RN Rachel Vaquelia MOA Curtis Cline MOA Cindi Feldman RN Roxye Lopez MOA Eda Wilmarth MOA Martha deBroekert RN Jessica Abundez MOA Kristen Ahlsten MOA Kathy Ouimet RN Laura Bern RN