



**FAIRFIELD HEALTH DEPARTMENT**  
**INFLUENZA VACCINE PERMISSION 2020 - 2021**

\_\_\_\_\_  
**Patient's Name** **Date of Birth** **Age**

\_\_\_\_\_  
**Address** **Town/City** **Zip**

Phone: \_\_\_\_\_ Male  OR Female

Circle one: Self Pay Medicare B Aetna Anthem BC Cigna Connecticare United Healthcare

Insurer's Member ID Number: \_\_\_\_\_

- Have you ever had a flu vaccination? .....  Yes  No
- Have you ever had a serious reaction from a previous flu vaccination? .....  Yes  No
- Are you sick or do you have a fever today? .....  Yes  No
- Are you severely allergic to eggs? .....  Yes  No
- Do you have/had Guillain-Barre Disease? .....  Yes  No
- Is this your first visit to the Fairfield Health Department Flu Clinic? .....  Yes  No

I have read, or had explained to me, the information sheet about the Influenza Vaccine dated 8/15/2019. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination. I request that the vaccine be given to me (or the person named below, for whom I am authorized to make this request).

Health information may be disclosed for the following purposes: a) to bill and receive payment for the flu vaccine you have received; and/or b) to report any adverse reaction you may experience after receiving the flu vaccine. *I authorize release of any medical or other information necessary to process an insurance claim. **I understand that if the insurance rejects payment for this vaccination that the Fairfield Health Department will bill me and I agree to pay the fee.***

\_\_\_\_\_  
**Signature of Recipient (or Parent or Guardian)** **Date**

FOR CLINICAL USE ONLY

\_\_\_\_\_ Sanofi Pasteur Fluzone Quadrivalent Lot # UT7006MA Exp 6/30/21

\_\_\_\_\_ Sanofi Pasteur Fluzone Quadrivalent Lot # UT7006KA Exp 6/30/21

\_\_\_\_\_ Sanofi Pasteur Fluzone High Dose Lot# UJ462AA Exp 6/30/21

\_\_\_\_\_ GSK Flulaval Quadrivalent Lot # 42DT9 Exp 6/30/21

Circle Injection Site: Left Arm      Right Arm      Dosage: 0.5cc

Vaccinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_