

Naugatuck Valley Health District Influenza Vaccine Consent Form (2021-22)

Last Nan	ne					First N	lame					M.I.	
Street Address					Town State				State	Zip Co	ode		
Phone #	:		Date of Bir	rth (Month/Da	ıy/Year)	Age	Gender (circl Male Fe	e one) emale	Email				
		ver The Fo	ollowing C	Questions	s:				1				
Yes	No												
Yes	No	1. Are yo	e you sick today?										
Yes	No	2. Have	2. Have you ever had a serious reaction to the flu shot?										
Yes	No	3. Any al	3. Any allergies to eggs, thimerosal, or other components of the vaccine?										
Yes	No	4. Have you ever had Guillain-Barre syndrome?											
Insurar	nce ID #	:			Are	you t	he primary c	ardhold	er: Yes ^{Yes}	s No			
District's the beno berson r	s privacterits and a mamed a tion ned	y policy. I had risks of the above whom cessary to pr	ave had a cha vaccination I am author ocess all insu	ance to ask as describe rized to mak urance clain	question ed. I requ ke this re ns. **I u	ns which uest th quest) Inderst	nfluenza vaco h were answ at the influer . I authorize and that if n be invoiced	ered to naza vacci the release ny insura	my satisfacti ination by gi ase of any m ance does no	ion and I oven to me nedical or	unders (or th other	star ne	
Signatuı	<mark>re: _</mark> Sign	ature of Rec	ipient (Parer	 nt/Guardian	if under	18)	Date:						
For Cli	inic Use	Only						For N\	/HD Staff Us	se Only			
	e Inform	ation:						Staff In	vitiale				
Vaccine	e Inform	ation:							nitials:	_			
Vaccine			Left R	ight VIS D)ate: 8/6/	21			nitials: Insurance _ Private Pay: _	CVP			

No Charge