

Influenza Immunization Record

Client Information				
Last Name	First Name	M.I.	Date of Birth	Age
Address		Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F
City	State	Zip	Phone:	
Insurance Company:	Insurance ID#:	Payment \$ _____ Cash Check		
Risk Assessment – Please review and circle as appropriate. If YES, explain briefly.				
• Have you had a serious reaction to flu immunizations?	No	Yes		
• Do you have a serious allergy to eggs?	No	Yes		
• Do you have a history of Guillain-Barre Syndrome?	No	Yes		
• Have you been sick with a fever in the last 3 days?	No	Yes		
• Are you pregnant, or think you might be?	No	Yes		
• Are you allergic to Thimerosal?	No	Yes		

Consent

- I agree to remain fifteen (15) minutes following influenza immunization, and I certify the information is correct.
- I give permission for Northern Light Home Care & Hospice to administer the influenza vaccine.
- I have read or had explained to me the current Vaccine Information Statement.
- I have had the opportunity to ask questions and understand the benefits and risks of an influenza vaccination.
- I authorize the release of any medical or other information necessary to process a claim for insurance payment.
- I understand that I may be responsible for charges not covered by my insurance provider.
- I have received or have been offered a copy of the agency’s Notice of Privacy Practices.
- I request that influenza vaccine be given to me or to the person named above, for whom I am the legal guardian.

Signature of client or person authorized to make request (parent or guardian)

*Thank you for participating in the Northern Light Home Care & Hospice immunization program.
 For a complete listing of our services, call our agency at 800-757-3326.*

Administration

In Home Use: Client ID# _____

Clinic Site _____

Date Vaccine Administered _____

Injection Site: **R** **L**

Vaccine Manufacturer Seqirus / Sanofi/ GSK Lot Number _____

Quadrivalent: (90656, 90674, 90685, 90686) 65+ (90653, 90682)

Vaccine Administrator Signature: _____ Expiration Date: _____/2021

