



Influenza vaccination consent 2021

Please fill out the form below. Additional instructions are on the back of this form.

Have you been seen at this medical office before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is the doctor you usually see?	

Last name (please print)	First name (please print)	Date of birth	Age
Home address		Phone number	
Health insurance name	Policy number		
Effective date	Expiration date		

Below are some questions that help us make sure a flu shot is right for you. Answer to the best of your knowledge. Answering yes doesn't mean you are unable to get a flu shot. It just means we need to ask a few more questions to be extra safe.

Not sure what a question means? Ask us when you arrive for your appointment.

1. Are you currently sick with a fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
2. Have you had an allergic reaction to a flu shot or other vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
3. Have you ever had a reaction or allergy to latex?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
4. Do you have a history of Guillain-Barre syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Consent & release statement

I, the undersigned, wish to receive the seasonal flu vaccine. I have received the vaccine information statement (VIS) about the flu vaccine. I hereby consent to the administration of the flu vaccine to me or to person named above, for whom I am authorized to make this request. I understand that by signing below that I may be financially responsible for charges incurred, if the vaccine is not a covered benefit under my insurance plan.

Patient or legal guardian signature

Date

Form reviewed by:

Preparing for your appointment

Getting your flu shot is as easy as 1, 2, 3! Just follow the steps below:

1. **Before your appointment:** fill out the front of this form to the best of your knowledge. If there are any questions you don't know how to answer, let us know when you arrive.
2. **The day of your appointment:** wear a short-sleeve shirt. Bring this form along. Don't forget your face mask or covering!
3. **At the appointment:** when you arrive, follow the signs in the parking lot. Employees will be available to direct you to the right place.

We're excited to see you at your flu shot! And thank you for taking the time to get one. This year, a flu shot is more important than ever.

Don't worry about filling out the information below. Our employees will take care of that when you arrive for your flu shot.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE OR DOWNTIME USE ONLY

Type – age group	Manufacturer, brand name, type	Dosage	CPT	Cost	Attach vaccine label
Adult dose 4 years of age and older	Seqirus, Flucelvax, preservative free (pre-filled syringe)	0.5 ml	90674 Medicare: Q2038		

Dose #	Vaccination date	Injection site		Route	Administered by (print name)	Initials
1		RDT LDT	RT LT	IM		
2		RDT LDT	RT LT	IM		

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-853-1786 ,TTY 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición.

Llame al 1-800-853-1786 ,TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-853-1786 ,TTY 711。

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