



2021-2022 INFLUENZA CONSENT FORM

Information about person to be vaccinated (please print)

First Name: _____ Age: _____

Last Name: _____ Sex: _____ M _____ F

Date of Birth: _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

For child - Parent's Name: _____

The Iowa's Immunization Registry Information System (IRIS) is an automated system to document vaccinations given in Iowa. If you choose not to have the record of this immunization shared with other providers, you may request a refusal by checking "No". Yes _____ No _____

<input type="checkbox"/> Insurance	Insurance Company Name _____
<input type="checkbox"/> Medicaid or Medicare	Policy ID # _____
<input type="checkbox"/> No Insurance / Insurance that DOES NOT cover vaccines	Policyholder name _____
<input type="checkbox"/> American Indian or Alaskan Native under 18 (VFC eligible)	Policyholder Birthdate _____
<input type="checkbox"/> Paid Cash	Relationship _____

Please answer the following for the person to be vaccinated.

	Yes	No
1) Is the person sick today?	_____	_____
2) Does the person have an allergy to eggs or to a component of the vaccine?	_____	_____
3) Has the person ever had a serious reaction to influenza vaccine in the past?	_____	_____
4) Has the person ever had Guillain-Barré syndrome?	_____	_____

I have been provided a copy of and have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request. I am responsible for any financial charges not covered by my insurance.

Signature

Date

Person to be vaccinated (If a minor, parent or guardian)

for office use only

Date _____	VIS 8/6/2021
Administered by _____	
IM Site: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Deltoid <input type="checkbox"/> Thigh	

Billing _____ IRIS Entry _____ Location _____

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