



**CHILD 6 months-18 years
2017-2018 FLU VACCINES
SCREENING, CONSENT & ADMINISTRATION FORM**

Rev 8/17/17



Last name _____ First name _____ Middle initial _____

Address: _____ City: _____ State _____ Zip _____

Date of Birth: _____ Age: _____ (months or years) (circle) Male or Female

Name of parent/guardian: _____ Daytime phone # _____

CIRCLE the line below that describes this child:

- Is enrolled in Medicaid # _____ (fill in number or show Medicaid card to clerk) } VFC stock
- Does not have any health insurance
- Has health insurance that DOES NOT pay for flu vaccines
- Is American Indian or Alaskan Native
- Has Blue Cross/Blue Shield/Wellmark that will pay for the flu vaccine. *Attach a copy of your card.* } PRIVATE stock
- We have other insurance that will pay for this. I agree to pay by cash or check.

(circle→) Private or VFC (circle→) (3 and up) 0.5 ml shot \$37 or (6 months to 3 years) 0.25ml Pediatric shot \$42

Paid \$ _____ (circle→) Cash or Check# _____ Receipt given by _____ (initials)

I agree to the following:

1. To have my insurance billed, or if the insurance does not pay the whole amount, I agree to pay the difference.
2. I have been offered or have read a copy of the Vaccine Information Sheet dated 8/7/15 or have had the information explained to me.
3. I accept responsibility for seeking medical attention for any problems with this vaccine.
4. This child does not have a severe allergy to eggs, does not have a fever, & has never had a serious reaction to a previous flu vaccine.
5. If my child is age 6 months to 8 years old, they may need a second dose of flu vaccine in 4 weeks. I agree to bring this child back in 4 weeks or more if he/she needs the second dose of flu vaccine to be protected.

Sign to consent for child to receive the vaccine: _____ Date _____

*****FOR OFFICE USE BELOW*****

Immunization Date	Manufacturer/Brand/Lot (ok to use sticker)	Circle route, dose & site	Vaccinator Signature
		0.25 ml IM 0.5 ml IM L or R Arm or thigh	

IF A CHILD 6 MONTHS TO 8 YEARS, DOES HE/SHE NEED A 2ND DOSE IN 4 WEEKS? Circle: YES or NO
Parent signature for second dose: _____

THIS SECTION FOR SECOND DOSE FOR CHILDREN 6 MONTHS TO AGE 8 YEARS:

Immunization Date	Manufacturer/Brand/Lot (ok to use sticker)	Circle route, dose & site	Vaccinator Signature
		0.25 ml IM 0.5 ml IM L or R Arm or thigh	

Entered into IRIS by _____ date _____ Dose #2 Entered into IRIS by _____ date _____