

Influenza Screening form 2019



Client's Name _____ Date of Birth _____ Age: _____

Mailing Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

Parents _____ Mother's Maiden Name _____

Is the individual Hispanic or Latino? YES NO Circle: Male Female

Race: White American Indian more than one race other/unknown

Are you Military ? YES NO - Please Circle One - Veteran Active Duty Family Member

If you have insurance please call them to verify immunization coverage prior to completing this form – Thank You. RCHD is not responsible to inform you of what your insurance will not cover. You will be responsible for any balance.

Determining VFC

Do you have health insurance that covers vaccines? Yes or No

What is the name of your insurance? _____

Name of the cardholder _____

Do you qualify for IHS (Indian Health Service) Yes or No

Or other federally funded insurance

Is your child enrolled in Healthy Montana Kids Plus (Medicaid) Yes or No

Cost & Method of Payment

******If your child 0-18 yrs. of age, does not have insurance, qualifies for IHS, or your insurance does not cover vaccines, the cost is \$21.32 per immunization.******

Please photocopy front and back of insurance card and bring it with you.

Payment is required at the time of service and a charge sheet will be provided for you to submit to your insurance for reimbursement purposes.

PAYMENT

CASH _____

CHECK# _____

CREDIT _____

EMPLOYER _____

Influenza (90686): \$40.00

High Dose Influenza (90662) 65+ yrs: \$75.00

I give permission for Richland County Health Department to enter my vaccine information into the electronic statewide immunization registry. This information will only be shared with health care providers as necessary.

Client Signature _____ Date _____

For Nurses Only	<u>Influenza VIS form date: 8-15-2019</u>	VFC	Left	Deltoid
		PRIVATE	Right	Thigh
				Nasal
Date: _____				
Form Reviewed/Vaccinator Signature: _____				

Please fill out reverse side

Screening Checklist for Contradictions to Inactivated Injectable Influenza Vaccination

For patients (both children and adults) to be vaccinated: The following questions will help us determine if the vaccinations may be given to you or your child today. If you answer “yes” to any question, it does not necessarily mean you or your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is client sick today?			
2. Does client have allergies to a vaccine component or to latex?			
3. Has client had a serious reaction to a vaccine in the past?			
4. Has client had brain or other nervous system problems?			
5. For Females: Is client pregnant?			

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____