

## FAIRFIELD HEALTH DEPARTMENT INFLUENZA VACCINE PERMISSION 2024 - 2025

Patient's Name Address				Date of Birth Town/City				Age		
							Zip			
Phone/Email:							Male □	OR	Female □	
Circle one:	<u>Aetna</u>	Anthem BC	<u>Cigna</u>	Connecticare	<u>Merita</u>	in Health	Med	<u>licare</u>		
	<u>United</u>	d Healthcare (Ox	ford)	United Healtho	<u>care</u>	Other:				
Insurer's Me	ember ID	Number:								
Have you ev	er had a	flu vaccination?						□ Yes	□ No	
Have you ev	er had a	serious reaction	from a	previous flu va	ccinatio	on?		□ Yes	□ No	
Are you sicl	k or do yo	ou have a fever to	oday?					□ Yes	□ No	
Are you sev	erely alle	rgic to eggs?						□ Yes	□ No	
		Ilain-Barre Disea						□ Yes	□ No	
-		to the Fairfield H						□ Yes	□ No	
questions which be given to moderate white database Health information of the Fairfield	ch were and e (or the perecept of the perecept	ained to me, the inf swered to my satisf rson named below, e disclosed for the f dverse reaction you process an insuran partment will bill m	action ar for whom following may expo ce claim. ne and I	nd I understand the I am authorized to purposes: a) to be erience after received the I understand the agree to pay the	e benefit to make t bill and re tiving the tat if the i	s and risks on the same of the	of the this vent for author	vaccination vaccination the flu vacc orize release	. I request will be entire you I be of any I	st that the vacci intered into the ( mave received; medical or other
\$	Signature	of Recipient (or	Parent	or Guardian)					Date	e
				FOR CLINICAL US	E ONLY					
	Glax	oSmithKline Flu	Laval T	rivalent Lot # 2	257N E	cp 06/03/20	025 D	osage: 0.	5сс	
	Glax	oSmithKline Flu	Laval T	rivalent Lot # 7	9K45 E	cp 06/01/20	)25 D	osage: 0.	5сс	
	Sand	ofi Fluzone Triva	lent <u>Hig</u>	<u>ıh</u> <u>Dose</u> Lot # U	T8409C	A Exp 06/	30/20	25 Dosag	e: 0.5cc	:
	Sand	ofi Fluzone Triva	lent <u>Hig</u>	լ <u>ի</u> <u>Dose</u> Lot # U	18499B <i>A</i>	Exp 06/3	0/202	5 Dosage:	0.5cc	
		Circle Inj	ection S	Site: Left Arm	i	Right Arm				

Date: \_

Vaccinator's Signature: \_