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Rebecca McLeod, MPH
 Health Director

Seasonal Influenza Vaccine Consent

I authorize payment of medical benefits to BCHD for services described below.

I have read or have had read to me the information in the vaccination information sheet dated 8/15/2019 (Flu) regarding the vaccine I am about to receive. I have had chance to ask questions that were answered to my satisfaction. I understand to the best of my ability the benefits and risks of the vaccine(s) and ask that the vaccines(s) be given to me or to the person named below for whom I am authorized to make this request.

Name: _____ DOB: _____ Race: _____ Phone: _____

Address: _____

 Patient / Guardian Signature

 Witness

 Date

State Supplied

- ____ Uninsured Child <= 18
- ____ Medicaid Child <= 18
- ____ American Indian / Alaskan Native
- ____ Uninsured Maternity

Private Pay

- ____ Adult Medicaid
- ____ Medicare
- ____ NC Health Choice
- ____ BCBS
- ____ Uninsured Cash/Check

Patient questions in English

- Do you have any allergies? _____
- Are you feeling well today? ____ Yes ____ No
- Have you had any adverse reactions to immunizations in the past? ____ Yes ____ No
- Are you allergic to eggs? ____ Yes ____ No
- Are you allergic to latex? ____ Yes ____ No
- Have you ever had Guillan-Barre Syndrome? ____ Yes ____ No

Preguntas del paciente en español:

- Tiene alergia a algo? _____
- Se siente bien el día de hoy ____ Si ____ No
- Ha tenido en el pasado alguna reacción a las vacunas ____ Si ____ No
- Tiene alergia a los huevos ____ Si ____ No
- Tiene alergia al latex ____ Si ____ No
- Ha tenido alguna vez el síndrome de Guillian-Barre ____ Si ____ No

DX: Z23 SITE: CIRCLE ONE
CPT: 90471 (R) Deltoid
CIRCLE ONE (R) Thigh
 CPT: Q2037 (3 & Up M-care) (L) Deltoid
 90688 (3 & Up) (L) Thigh
 90686 (6 mo & up, no preservative)
 90685 (6-35 mo, no preservative)

Administered by: _____

- ____ VIS Given 8/15/2019
- Lot # Private – Check one**
- ____ 6 Mo – 35 Mo – Influenza Vaccine
 0.25 ml dose/ exp Lot #
- ____ 3 years & up – Influenza Vaccine Afluria Quadrivalent/Seqirus
 0.5 ml dose/ exp 06/30/2021 Lot # P100247450 CPT 90688
- Lot # State – Check one**
- ____ 6–35 Mo – Influenza Vaccine Afluria Quadrivalent Pres. Free Seqirus
 0.25 ml dose/ exp 06/26/2021 Lot # P100241663 CPT 90685
- ____ 6 Mo & up – Influenza Vaccine Flu Lava Pres. Free
 ID Biomedical exp 06/30/2021 Lot # 25M24 CPT 90686

“Promoting Health, Protecting the Environment”