

Patient Sticker

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| **INFLUENZA (FLU) VACCINE CONSENT FORM 2022-2023** |
| Check the answer that applies:[ ]  I have a doctor’s appointment today.[ ]  I do not have a doctor’s appointment today. I understand that the vaccine will be self-pay and National Jewish Health  will not bill my insurance. Cost $33.00 for Quadrivalent Vaccine and $73.08 for High Dose Vaccines.[ ]  I am a family member of a National Jewish Health patient. I understand that the vaccine will be self-pay and National  Jewish Health will not bill my insurance. Cost $33.00 for Quadrivalent Vaccine and $73.08 for High Dose Vaccines.[ ]  I have Medicare Part B coverage. |
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| Have you ever had a severe reaction to the flu vaccine or its components in the past?  | [ ]  Yes | [ ]  No |
| Are you 65 or older?  | [ ]  Yes | [ ]  No |
| Do you have any active signs of illness or infection?  | [ ]  Yes | [ ]  No |
| Do you have a history of Guillain-Barre Syndrome?  | [ ]  Yes | [ ]  No |
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| I have been given a copy of the Vaccine Information Statement (VIS) *Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to Know.* | [ ]  Yes | [ ]  No |

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| I have had the chance to ask questions that were answered to my satisfaction. I have read the information in the influenza Vaccine Information Sheet and understand the benefits and risks of the influenza vaccine. I request that the vaccine be given to me or the person named below for who I am authorized to make this request. |
| Printed Legal First Name | Printed Legal Last Name | Date of Birth |
| Signature | Date/Time |
| Printed Parent/Legal Guardian Name | Signature Parent/ Legal Guardian | Date/Time |

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| **Clinical Staff Use Only** |
| **Quadrivalent Vaccine -Flucelvax** |  **High Dose Quadrivalent Vaccine-Fluad** | **Flublok Vaccine-Flucelvax** |
| **NDC**: 70461-0322-03 | **NDC**: 70461-0122-03 | **NDC**: 70461-0322-03 |
| **EXPIRATION DATE**: 30 June 2023 | **EXPIRATION DATE**: 18 May 2023 | **EXPIRATION DATE**: 30 June 2023 |
| **LOT**: | **LOT**: | **LOT**: |
| **MANUFACTURER**:* SEQIRUS
 | **MANUFACTURER**:* SEQIRUS
 | **MANUFACTURER**:* SEQIRUS
 |
| **DOSAGE/ROUTE**: * 0.5 mL IM
 | **DOSAGE/ROUTE**: * 0.5 mL IM
 | **DOSAGE/ROUTE**: * 0.5 mL IM
 |
| **SITE OF INJECTION:*** R ARM / LEG
* L ARM / LEG
 | **SITE OF INJECTION:*** R ARM / LEG
* L ARM / LEG
 | **SITE OF INJECTION:*** R ARM / LEG
* L ARM / LEG
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| **ADMINISTRATOR**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date/Time | **ADMINISTRATOR**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date/Time | **ADMINISTRATOR**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date/Time |