GREATER PORTLAND HEALTH

CARING FOR THE WHOLE COMMUNITY

2017-2018 Influenza Consent Form for Non-Patients

Name (Last, First, MI): _____ DOB:___/_____/_____

1. Do you have a serious allergy to eggs?	Yes	No
2. Do you have any other serious allergies that you know of?	Yes	No
If yes, please list: _____		
3. Have you ever had a serious reaction to the flu vaccine?	Yes	No
4. Are you sick today?	Yes	No
5. Have you ever had Guillain-Barre Syndrome (a type of temporary, Severe muscle weakness) within 6 weeks after receiving a flu vaccine?	Yes	No
6. Do you have any conditions that weaken your immune system or care For anyone with a weakened immune system?	Yes	No
7. Are you taking anti-viral medicines (like Tamiflu, Relenza)?	Yes	No
8. For Children under 8 years of age: Have they had flu vaccine before?	Yes	No
9. Do you have a seizure disorder or cerebral palsy?	Yes	No
10. Do you have asthma or wheezing?	Yes	No
11. Are you or could you be pregnant?	Yes	No

Consent:

I have received the Vaccine information form and agree to have the Influenza vaccine administered:

Signature: _____

Nursing Use Only:

Vaccine Name:	Date Administered	Lot Number	Exp. Date:	Manufacturer:	Site Administered:	Administered By:

Insurance Information:

Insurance Type: MaineCare Anthem Cigna Community Health Options Medicare Harvard Pilgrim United Healthcare Aetna

Other: _____ Primary Care Provider: _____

Policy Number: _____ Group Number: _____

Copy of insurance card? YES NO

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Demographic Information:

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Race: _____White _____Black, African American _____ Other Pacific Islander _____ Asian

_____ South/Central/North American Indian, Alaskan Native ____Native Hawaiian

_____ Multiracial

Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/ Latino

Preferred Language: _____

Do you receive General Assistance Benefits: _____

Are you homeless: ____ Yes _____ No

Is English your first language: ____ Yes ____No If not, please specify _____

Total annual household income: $_____ Family Size: _____

For Children Only:

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Date of Birth: ___/____/_____