



Information About Person to be Vaccinated (Please Print)

Complete a form for each patient

Last Name: _____ Age: _____

First Name: _____ Sex: _____

Date of Birth: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For Child (Please Print)

Parent's Name: _____

Parent/Guardian address if different than above: _____

Insurance Status

___ Insurance

___ Medicare

___ Medicaid

___ No Insurance

Insurance Information

Complete this information or attach front and back copy of your insurance card.

Name of Policy Holder: _____

Policy Holder Date of Birth: _____ Relationship: _____

Policy ID: _____ Group: _____

Insurance Name: _____

Insurance Address: _____

Insurance Phone: _____

Please answer the following for the person to be vaccinated.

1. Is the person sick today?

Yes No Don't Know

Temp: _____

2. Does the person have an allergy to eggs or to a component of the vaccine?

3. Has the person ever had a serious reaction to influenza vaccine in the past?

4. Has the person ever had Guillain-Barré syndrome?

I have been provided a copy of and have read or have had explained to me the information about influenza and the vaccine listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand and the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

If insured, I authorize Yankton Medical Clinic, P.C. to release medical information necessary to determine benefits payable for this service. I understand that I am financially responsible for services regardless of insurance coverage.

Signature: _____ **Date:** _____

Person to be Vaccinated (If minor: Parent of Guardian)

Date of VIS Publication: 8/6/21

Administer Vaccine Route IM Site:

- Right Deltoid
- Left Deltoid
- Right Thigh
- Left Thigh

Influenza Vaccination

Place Sticker Here

Nurse Signature _____

Date _____

Pediatrics _____

Data Processing _____

Medical Records _____

PRIVATE PAY / INSURANCE FLU SHOT		STATE SUPPLY FLU SHOT ALL CHILDREN 6 MONTHS THROUGH 18 YEARS	
	90471.01 (Injection)		90471.S (Injection)
	90686 (Pres. Free vaccine 6 months+) 0.5ml		90686.01 (State Pres. Free vaccine 6 months - 18 yrs) 0.5ml
	90682 Flu Blok (18yrs + egg allergy and 50-64 yrs hi-dose)		
MEDICARE FLU SHOT			
	G0008 (Injection)		
	90662 (Hi-dose vaccine 65 yrs+) 0.7 ml		
Diagnosis for all vaccines: Z23			