Influenza Consent Form

1.	Are you 18 years of age or older?	YES NO
2.	Do you feel sick today or have a fever?	YES NO
3.	Are you pregnant?	YES NO
4.	Are you allergic to chicken eggs or feathers?	YES NO
5.	Have you had a flu shot before?	YES NO
	If so, did you have any reactions?	YES NO
6.	Are you allergic to thimerosal-containg products (contact lens solution) or merthiolate (mercury)?	YES NO
7.	Are you allergic to any other medication?	YES NO
8.	Are you allergic to rubber or latex products?	YES NO
9.	Have you ever had Guillain Barre Syndrome (GBS)? (a nerve disorder)	YES NO

I have read or have had explained to me the information about influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risk of influenza vaccine and request that the vaccine be given to me or the person named below for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems associated with this vaccination.

I understand that I will be responsible for the cost, if insurance/Medicare does not cover this injection.

Would you like to receive the U-Save Pharmacy newsletter? YES NO

_____ U.S.Mail _____ e-mail:_____

_____ _____

Signature Date

Please Complete Information on Back of Page

Please *Legibly* Print Your *FULL* Name and Address

Name_____
Last First Middle Initial

Address_____
Street City,State Zip

Phone Number_____ **Birthdate**_____/_____/_____
Month Day Year

Sex: Male _____ Female _____

Circle Payment Source:

1. Cash/Check……$25.00 Fee

2. Supermarket Employee……..$20.00 Fee

3. 55 Plus Member..……..……..$20.00 Fee

4. Medicare: Please circle what type of Medicare Insurance you have and present your Medicare Part B identification card to the staff member.

a. **Medicare – Part B _____..... NO FEE**

b. **Railroad-Medicare Part B _____..... NO FEE**

c. **Medicare Complete – Passport 69500 _____..... NO FEE**
United Healthcare

For U-Save Pharmacy USE ONLY:

Date Vaccinated: _____ Site of Injection RD LD

Mfr: _____ Lot#: _____ Exp Date: _____

Administered By: _____