

INFLUENZA SEASON 2022/2023

Person receiving Flu immunization _____

Their Birth Date _____

Insurance Company: _____

Subscriber ID IF NOT ON FILE!! _____ Group Number _____

Have you received an injection in the last 30 days other than a Covid Vaccine? _____

Your health insurance may not pay for the item(s) or service(s) that are described below. The plan that you have chosen as your health insurer does not necessarily cover all of your health care cost. Insurance only pays for covered items and services. The fact that insurance may not pay for a particular service does not mean that you should not receive it, especially if your physician recommends that you receive this service.

Description of Item(s) or Service(s): (please mark the circle for what choice is chosen)

INACTIVATED INFLUENZA VACCINE (injection)

FLUMIST O

Vaccine Information Statement Sheets have been made available, and I have had a chance to ask questions. I understand the benefits and risks of flu vaccine and request that the vaccine be given to me or the person named above for whom I am authorized to sign.

Responsible party signature: (person receiving vaccine or parent or guardian)

For Clinic Use:

Date of Vaccination	VIS 08/15/2019	
Flumist	Private PJ3267	VFC PH3533
Flu Shot (Sanofi)	Private UT7683NA	VFC UT7681LA
LA RA LT RT	Initials:	

What vehicle?

Front or Back