COMBINED LAIV AND IIV INFLUENZA VACCINE CONSENT FORM AND ADMINISTRATION RECORD

2014-2015

WyVIP Eligibility: Medicaid Uninsured Underinsured Insured Native/Alaskan American WY Resident Non-Resident

Flu Mist CANNOT be given to clients younger than 2 years of age or older than 49 years of age.

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT)

Name: _____

Birth Date: _____ Age: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Cell/Home Phone: _____ Doctor: _____

** For children younger than 9 years of age, refer to the 2014 ACIP Recommendations to determine the nee doses by at least 4 weeks.*

**Dosage for age may vary by brand of vaccine. See package insert.

Flu Mist Age Group/Dosage	**IIV**** Age Group/Dosage
2-49 Years old 0.2 ML One Dose	9 Years and Older 0.5ML: One Dose
9 Years and older 0.2 ML One Dose	3-8 Years 0.5 ML: One Dose*
2-8 Years 0.2 ML One Dose*	6 Months – 35 Months 0.25 ML: One dose*

PAYMENT INFORMATION:

Medicare#_____ Medicaid#_____

Other Pay Source: _____ **PAID BY: CASH_____ CHECK #_____**

I have read, or have had explained to me, the Vaccine Information Statement (VIS) about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request (parent or guardian). If qualified, I authorize billing to Medicare, Medicaid, Great West, or my employer. I have received and read the Wyoming Department of Health Notice of Privacy Practices and have had a chance to ask questions about how my information will be used.

Print Parent/Guardian name, if different from client: _____

Client/Parent/Guardian Signature: _____ Date: _____

1. Have you received flu vaccine before?	____No	____Yes
2. Did you have any problems with previous flu vaccine?	____No	____Yes
3. Are you ill today or have a fever?	____No	____Yes
4. Do you have allergies to eggs, latex, or to Thimerosal Mercury (a medication preservative)?	____No	____Yes
5. Do you have a history of Guillian-Barre Syndrome (a paralysis problem)?	____No	____Yes
6. If you are younger than 9 years of age, have you received flu vaccine before?	____No	____Yes
7. Have you received a pneumonia vaccine?	____ No	____ Yes
	If Yes, what year? _____	
8. Do you have asthma, lung disease, diabetes, cancer, immune deficiency, or kidney disease?	____No	____Yes
9. If your child is two to four years old, have they been diagnosed with asthma or wheezing in the past 12 months?	____No	____Yes
10. Are you a child or adolescent who regularly takes aspirin or products containing aspirin?	____No	____Yes
11. Have you taken any antiviral medication in the last 48 hours?	____No	____Yes
12. Do you have a household member who is immunocompromised?	____No	____Yes
13. Are you pregnant?	____No	____Yes
14. Have you received any vaccines in the past 30 days?	____No	____Yes

FOR CLINIC USE ONLY

CLINIC SITE: _____ VIS DATE: AUGUST 19, 2014

DATE VACCINE ADMINISTERED: _____ DATE BOOSTER REQUIRED: _____

VACCINE MANUFACTURER & LOT NUMBER: _____ IIV3 IIV4

SITE OF IM INJECTION: RDT OR LDT LLT OR RLT DOSE: 0.5ML 0.25ML 0.2 ML/INTRANASAL

SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR: _____

NURSE'S COMMENTS: _____

PAYMENT INFORMATION:

Is your PRIMARY Insurance Altius, Altius Advantra, BCBS, Great West/Cigna (State Employees), Humana, Medicaid, Medicare Part B, RR Medicare or WY School Board Association (WISE)? YES_____ NO_____

If YES, please complete insurance information below:

Insurance Information	
Primary Carrier Insurance Company	Secondary Carrier Insurance Company
Insurance Carrier Mailing Address City State/Zip	Insurance Carrier Mailing Address City State/Zip
Policy Holder's Name Employer of Policy Holder	Policy Holder's Name Employer of Policy Holder
Policy Holder DOB: Policy Holder's Sex:	Policy Holder DOB: Policy Holder's Sex:
Policy # : Group #	Policy # : Group #

Other Pay Source or Employer: _____ **PAID BY: CASH_____ CHECK #_____**