

# FLU VACCINE 2020-2021 (School)

Pipestone Family Clinic, 916 4th Ave SW,  
Pipestone, MN 56164, (507) 825-5700.

Legal Name: First		Last		
Age		Birthdate		
Address: Street	City	County	State	Zip
Telephone #	Parent's Name:			
Grade:	School Name:			

Forms are due September 18, 2020

**Please answer the following questions**

YES NO

- Does the person to be vaccinated have a serious allergy to eggs or component of the vaccine?  
May include antibiotics, gelatin or latex.  YES  NO
- Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? (Flu shot or Flu Mist)  YES  NO
- Has the person to be vaccinated ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?  YES  NO

This information is private and will not be shared with anyone except childcare facilities, schools, Minnesota Department of Health, licensed healthcare facilities & professionals such as doctors and nurses, health insurers, Head Start programs, and county public health agencies. I have been given, offered, read, or have had explained to me information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the risks and benefits and ask that the vaccine be given to me or the person named above.

Assignment of Benefits and Responsibilities for Payment: This allows us to bill your health plan or company and receive payment directly. It also means that you agree to pay for services not covered by your health plan. I authorize this health provider to bill my health plan or other payers on my behalf, and to receive direct payment of authorized benefits. I agree that it is my responsibility

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian

**Please provide a phone number where you can be reached on the day of the clinic:** \_\_\_\_\_

My insurance **pays 100%** of the Flu vaccine. Enter information below and attach copy of **BOTH** sides of card.  
Company Name: \_\_\_\_\_  
Address(on back of card): \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My insurance **does not pay 100%** of the Flu Vaccine.  
Enclosed is a check for **\$30.00** for Flu Shot  
Payable to : **Pipestone Family Clinic.** I know that I have the option to take my child to Public Health.

I have **no** insurance. Enclosed is a check for **\$21.22** Payable to: **Pipestone Family Clinic.**

For Clinic/Office Use			
State / PFC (circle one)	<input type="checkbox"/> Paid \$ _____ by check. Check # _____.	Initials _____	
If given at satellite/alternate clinic site, circle location: Edgerton Jasper Other _____			
Vaccine type/Dosage:			
Manufacturer:			
Lot#/Exp: _____			
Route: ITN	Site of Injection RA/LA (IM)	Signature of person administering vaccine/Today's Date	
Is the person to be vaccinated sick today?	Yes / No	Scanned _____	Charge entered _____
VIS: 8/15/2019	circle one	Recorded in EMR _____	