HOMETOWN Health Center

INFLUENZA VACCINE 2021-2022
HEALTH SCREEN & PERMISSION FORM

Location:
- ☐ **HHC SBHC**
- ☐ **HHC Newport**
- ☐ **HHC Dexter**
- ☐ **HHC Employee**

Full Name:	Date of Birth: / /	Age:	School District (if applies)	
Street Address:	Town/City:		Zip Code:	Daytime Phone:
Grade:	Teacher (SBHC Only):		School Name (SBHC only):	

Is this person an American Indian or an Alaskan Native? ☐ yes ☐ no

Is this person uninsured? ☐ yes ☐ no

Is this person insured by MaineCare (Medicaid)? ☐ yes ☐ no

MaineCare ID #:_____

Private Insurance? ☐ yes ☐ no

Name of Insurance Company: _____

ID Number:_____ Group Number: _____

Subscriber Name:_____Subscriber Date of Birth: _____

Doctor's Name:_____Phone Number:_____

Please answer the following questions about <u>the person named above</u>. Comments may be written on the back of this form.

	YES	NO
1) Does this person have a severe (life-threatening) allergy to eggs?		
2) Has this person ever had a severe reaction to an influenza immunization in the past?		
3) Has this person ever had Guillain-Barre Syndrome?		

If you answered "yes" to any questions 1-3, please see your healthcare provider for influenza vaccination

PERMISSION TO VACCINATE

- I was given a copy of the Influenza (Flu) Vaccine Information Statement, I have read this or had this explained to me and I understand the benefits and risks of the Influenza vaccine.
- I give permission for a record of this vaccination to be entered into the Maine Immunization Information System, ImmPact.
- I give permission for HHC to bill my insurance.
- **I give permission for the flu vaccine to be given to the person named above by signing below.**

X_____Date:_____

Signature of parent or guardian if person to be vaccinated is a minor or signature of adult to be vaccinated

Printed Name of Parent or Guardian**:**_____

FOR OFFICE USE ONLY:

Date Dose Administered	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	VIS date
/ /						☐ IM single dose ☐ IM multi vial	State Supplied Y N