

VACCINE DOCUMENTATION/CONSENT FORM

I have been offered a copy of the Vaccine Information Statement(s) (VIS) checked below. I have read, had explained to me, and understand the information in the VIS(s). I ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Kansas Immunization Registry for myself or on behalf of the person named below.

Influenza

Parent Signature _____ Date _____

PATIENT INFORMATION						
Patient's Last Name:		Patient's First Name:		Phone Number:	Age:	Birth date:
Street Address:		City:	County:	State:	Zip Code:	
Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: (Select one or more.) <input type="checkbox"/> AS-Asian/Pacific Islander/Other <input type="checkbox"/> HA-Hawaiian <input type="checkbox"/> BL-Black or African American <input type="checkbox"/> IN-Native American/Alaska Native <input type="checkbox"/> CA-Caucasian/Mexican/Puerto Rican <input type="checkbox"/> JA-Japanese <input type="checkbox"/> CH-Chinese <input type="checkbox"/> NW-Other Non-White <input type="checkbox"/> FI-Filipino <input type="checkbox"/> UN-Unknown				
Primary Care Physician:		Street Address: City:		State: Zip:	Phone: Fax:	
PATIENT ELIGIBILITY						
<input type="checkbox"/> T19-MED	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Native Am/Alaska Native	<input type="checkbox"/> Underinsured*	<input type="checkbox"/> Underserved**	<input type="checkbox"/> T21-SCHIP	<input type="checkbox"/> Fully Insured

*Underinsured children: insurance does not cover immunizations. Eligible through VFC program if vaccinated at a FQHC, RHC or delegated county health department.
 **Underserved (State) children: Are not VFC eligible. May only be vaccinated with KIP vaccines needed at school (K-12) entry at a county health department if enrolled in federal free or reduced-price school lunch program.

1. Has the patient received vaccinations in the past 4 weeks? YES NO
2. Has the person to be vaccinated ever had Guillian-Barre' syndrome? YES NO
3. Has the person to be vaccinated ever had a serious reaction to the influenza vaccine? YES NO
4. Does the person to be vaccinated have an allergy to eggs or other components of the influenza vaccine? YES NO

Insurance Information

Insurance (circle one) KanCare BCBS Other (specify) _____

Insurance # _____ Group Number _____ Insured Name _____

Insured DOB _____ Relationship (circle): Father / Mother / Self

Parent Name (Please Print) _____ Date: _____

*** Please attach copy of insurance card ***

** If child has no insurance, please complete the following: Family Size _____ Annual Income \$ _____

OFFICE USE ONLY

Influenza-Quad (3yrs and up) .5 ml Cpt-90686 <u>Preservative Free</u>	1 2	RT LT	Deltoid Vastus Lat	IM	08/15/2019		Exp 6/30/2021
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Ellsworth County Health Department

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Ellsworth, KS 67439

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Email: ellscohd@eaglecom.net

Dear Parents of Students in USD 327,

The Ellsworth County Health Department will be having a “Flu Vaccine Day” that will include only the FLU shot. The date of the clinic will be **Tuesday, October 13th** at EES, KMS and EJSJS. If you have a medical card through KanCare (Aetna, Sunflower, or UnitedHealthcare) the immunization vaccines is covered. *Please send a copy of your insurance or medical card.* If you don’t have insurance or it does not cover immunizations, your child MAY qualify for Vaccine for Children (VFC) through the State of Kansas (coverage will be determined by Health Department). Please complete the attached form in its entirety. Immunizations will not be given if form is not completed and signed by day of immunization clinic.

Instructions for filling out attached form:

1. Sign by “Parent Signature”
2. Complete Patient Information box
3. Answer questions
4. Fill out insurance information and attach copy of card

Please have completed forms returned back to school by **Thursday, October 8th**.

Please feel free to contact the Ellsworth County Health Department @ 785-472-4488 with any questions.

Ellsworth County Health Department

Kerianne Ehrlich, RN, Administrator