

FLU ADMINISTRATION FORM 2020-2021
Blue Ridge Pediatric & Adolescent Medicine, Inc. (BOONE Location)

Patient's Name

Patient's DOB:

AGE:

Phone Number:

TODAY'S DATE:

INSURANCE

INSURANCE TYPE:

MOTHER'S MAIDEN NAME:

FLU INJECTION (SHOT) OR FLUMIST (NASAL)

PLEASE ANSWER ALL THE FOLLOWING: PLEASE CIRCLE:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is your child over 2 years of age and would like to receive the Flu Mist? | YES | NO |
| 2. Does your child have any acute/chronic medical conditions such as heart disease, diabetes, asthma, cancer or any condition that affects their immune system? (this could prevent them from getting flumist) | YES | NO |
| 3. Have you gotten any other vaccines in the past 2-4 weeks? | YES | NO |
| 4. Does your child have an allergy to latex? | YES | NO |
| 5. Does your child have an allergy to eggs? | YES | NO |
| If number 5 is YES- Has your child had a flu vaccine before? | YES | NO |

If yes, you will be required to have a **30 minute wait** after injection.

If no prior Flu Vaccine, then an appointment **MUST** be made with a doctor before a Flu Vaccine can be administered.

I have read or have had explained to me the information about the vaccines offered. I have had a chance to ask questions and have them answered to my satisfaction. I understand the risk and benefits of the flu vaccine and request administration of said vaccine to the above named child for who I am authorized to make this request. I understand that Blue Ridge Pediatric and Adolescent Medicine, Inc. will file my insurance; however, if my insurance does not cover the fee of the flu vaccine/ flu mist I will be responsible for payment.

Parent's/Guardian's Signature

Date

OFFICE USE ONLY

MIST (90672)

INJECTION (90686)

STATE PRIVATE

LOT NUMBER: _____ SITE: _____ NURSE: _____

Circle When Completed:

NCIR

EMR

BILLING