

### **INFLUENZA PRESERVATIVE FREE (Age 6 Months & Over)** VISITING NUSRE ASSOCIATION OF GREATER ST.LOUIS (VNA)

CONSENT TO TREAT/ ASSIGNMENT/ RELEASE

## MEDICAL HISTORY ACKNOWLEDGEMENT

No severe allergic reactions to eggs, egg products, vaccine components or latex. • Does not have an acute respiratory illness or a fever. • No history of Guillain-Barrè Syndrome. •Has not had a reaction to a flu vaccine in the past.

# ASSIGNMENT OF BENEFITS

I authorize VNA to request on my behalf and to collect all public, billed and private insurance payments due for services provided by them.

#### ACKNOWLEDGEMENT

I have read and been offered to receive a copy of the current Influenza Vaccine Information Statement (rev.8/15/19) prior to vaccination. I understand all the risks and benefits involved and I have had a chance to ask questions. • I agree to stay in the general area for 15 minutes after receiving the vaccination to ensure that no immediate reactions occur. I understand that if any side effects are experienced, it will be my responsibility to follow up with my physician at my expense. Mild reactions may include soreness, redness and/or swelling at the injection site, or arm stiffness. General reactions may include muscle pain, headache, fatigue or fever that can persist up to 1-2 days. Rare but severe reactions may include anaphylaxis or death and for age 6-35 months, febrile convulsions. • I hereby release and hold harmless Visiting Nurse Association of Greater St. Louis, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors, volunteers and employees, from any and all liabilities or claims whether known or unknown arising out of, or in connection with, or in any way related to the administration of the vaccine(s) listed above.

## COMPLETE ALL INFORMATION BELOW TO RECEIVE INFLUENZA VACCINE

#### **RELEASE OF INFORMATION**

I authorize VNA to release all records and information concerning my vaccination to my employer, to any third party payer, to any other health care provider and to any Federal or State governmental agency, for the purposes of obtaining payment or to facilitate compliance with law.

First Name			MI		Last	ast Name													
					,	•													
Address Num	her											Sex M/F							
Autress Tum				t Name			1	Γ						1	1	Γ			
											<b>.</b>			-					
City		г.    г.         г	1 1		-	1				È	State			Zip	Code	1			
										•			•						
Age	Date of Birth     Area Code     Phone Number																		
		•		•		•			•	•				•					
Email (optional)																			
	<u>   </u>	1 1	I	<u> </u>				I			<b>I</b>			I		I			
<b>Race:</b> $\Box$ Wh	ite 🗆 Af	rican Ame	erican/H	Black [	Asian	Ame	r. □	Hawa	aiian/l	Pacifi	ic Isla	nder		Amer.	India	n 🗆	Two	or Mor	e Races
<b>Ethnicity:</b> □ His	spanic/Lati	no 🗆 Nor	n-Hispa	nic/Lati	10												`	<mark>als)</mark> I hav	
	and been offered to receive a																		
PLEASE PROVIDE INSURANCE INFORMATION BELOW: copy of the Notice of Privacy Practices prior to services, and Practices prior to services, and																			
LActina LAntheni/Dide Closs Dide Shield L Cigna L Covenity L Essence L Humana														· ·					
	HealthLink       UHC       Other													swered.					
INSURANCE MEMBER ID																			
Subscribers Name:																			
I have read this consent and I authorize VNA to give influenza vaccine to the person named above for which I am authorized to sign.														to sign.					
/	/	v											,						
Date	/	A Sign	<mark>ature o</mark>	<mark>f Person.</mark>	Parent	or Le	gal Gi	uardia	n rece	iving	vacci	ne	/	Relatio	onship	to Pat	tient		
Date       Signature of Person, Parent or Legal Guardian receiving vaccine       / Relationship to Patient         DO NOT WRITE BELOW THIS LINE: Office Use Only																			
Clinic ID#			DO		ATE B	JELU	W 11	115 L	INE:	Offic	ce Us	e Onl	y						
CHINC ID#												.5 ml Lot Given				ite Given			
	X					/_	//				KLM				ltoid • Fhigh				
	Nurse	Signature			Date Given													L	●R

Implemented 1/05 • Revised 08/19 SAINT LOUIS UNIVERSITY VERSION 2020