

2020-2021 Flu Insurance Information Form – WELLESLEY, MA (CHILD)

For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible:	
<input type="checkbox"/>	Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)
<input type="checkbox"/>	Does not have health insurance
<input type="checkbox"/>	Is American Indian (Native American) or Alaska Native
Is not VFC-eligible:	
<input type="checkbox"/>	Has health insurance and is not American Indian (Native American) or Alaska Native

Information about the person to receive vaccine (please print): **Required Fields*

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	<div style="display: flex; justify-content: space-between;"> Month Day Year </div>		Male Female
Street Address:*			
City:*	State: *	Zip:*	Phone:*
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Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Insurance Company:*	Member ID #:*	Group ID Number:
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If person getting vaccinated is not the insurance subscriber/policy holder, please complete the following:

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: *	Sex: (Circle)*
	<div style="display: flex; justify-content: space-between;"> Month Day Year </div>	Male Female
Subscriber's Street Address: * <i>(If different from address above)</i>		
City:*	State:*	Zip: *
		Phone:*
		()
Patient Relationship to Subscriber: (Circle)* Spouse Child Other		

You or your child's information will be entered into the Massachusetts Immunization Information System (MIIS) as required by law. The MIIS is a confidential, computerized statewide immunization tracking system. Immunization records may be shared with health care providers, school nurses, local boards of health and state agencies concerned with immunization. You can choose to restrict who may see your shot information in the MIIS at any time.

I have been offered and understand the vaccine information statement for the vaccine to be given. I give permission to be vaccinated or for my child to be vaccinated. Children younger than 9 years of age may need 2 doses of vaccine. I give permission to bill my insurance company.

X _____ Date: _____
(Signature of patient, parent or legal guardian)

For Clinic/Office Use Only: **Signature of Vaccine Administrator:** _____

Date of Service	Vax Type	Vax Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied (Circle)	Preserv Free* (Circle)	Injection Route	Injection Site (Circle)	Date On VIS	Date VIS Given
					0.5	YES	YES	IM	LA	8/15/19	SAME AS DATE
						NO	NO		RA		OF SERVICE

Provider Name: WELLESLEY HEALTH DEPARTMENT/BOARD OF HEALTH MDPH Provider PIN#: 11887

Provider Address: 90 WASHINGTON ST, WELLESLEY, MA 02481

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Screen Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

For patients (both children and adults) to be vaccinated: the following questions will help us determine if there is any reason we should not give you or your child an inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

1. Is the person to be vaccinated sick today?	YES	NO
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2. Does the person to be vaccinated have an allergy to a component of the vaccine?	YES	NO
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3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	YES	NO
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4. Has the person to be vaccinated ever had Guillain- Barre syndrome?	YES	NO
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Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____