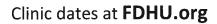


FDHU School Flu Shot Consent This form is not needed if online registration has been completed.





PLEASE PRINT neatly in ink. Use full, <u>legal</u> name of person receiving vaccine.

FIRST NAME				M.I	LAST NAM	E				
OATE OF BIRTH		AGE	^	/l F PH	I ONE dayti	ime			CE	
ADDRESS				CITY			STATE	ZIP		
RACE Circle all that ap	Hisp				nder Other		Unknown		Asian	
ichool Name										
List so	evere allergy a Guillain-Barré S	and type of r Syndrome, a	tempoi	axis) to any vacc n: rary severe mus	cle weakne	ess?				
☐ Medicare Part B:	Medicare num	ber								
 □ Tricare: Tricare number					Policy #:			Group#		
☐ Private Insurance Co #2										
☐ No insurance (Ur	19-10-4			- 0.00						
District Health & am authoris online or by re payer/insurer	Unit at 701-852-1. ed to give consent equest. agree to	376. I have read to school-age chill pay, and I am finate ment to FDHU. I	the inform dren at sc ancially re	/www.immunize.org/ lation about the vacci hool flu clinics will on sponsible for charges the release of inform:	ne(s). <u>I conse</u> y be given infl not covered b	nt for immunizuenza vaccine. y a third-party	rations to be gi FDHU Notice of payer. I assign	ven to the per of Privacy Prac and authorize	rson named abo ctices is available e any third-part	
IGNATURE OF CLIENT O	R PERSON AUTH	ORIZED <u>TO CON</u>	NSENT OF	N THE CLIENT'S BEH	ALF TO <u>REC</u>	IVE VACCINA	ATION:			
X						DA	TE:			
		F	OR FD	HU STAFF U	SE ONLY				100	
Lot #		Site RA		te Vaccine 🗆 VF			Staff feelin	g well toda	ay? Yes N	
Nurse Initials	Date Given	LA Demo/lir	nked	Amt Paid	Pmt	Post'd	ESB ✓		Revised	