

2017 SCHOOL INFLUENZA SCREENING & PERMISSION FORM

PLEASE PRINT

GRADE _____

Student's/Staff's Name _____

Date of Birth _____ Telephone _____

Address _____
City State Zip

PLEASE MARK TYPE OF INSURANCE AND FILL IN MEMBER ID NUMBER

- | | |
|--|--|
| <input type="checkbox"/> Medicaid _____ | <input type="checkbox"/> Cover Colorado _____ |
| <input type="checkbox"/> Rocky Mountain Health _____ | <input type="checkbox"/> CHP+ _____ |
| <input type="checkbox"/> Anthem BC/BS _____ | <input type="checkbox"/> Colorado Choice _____ |
| <input type="checkbox"/> CIGNA _____ | <input type="checkbox"/> United/UMR _____ |
| <input type="checkbox"/> NO Insurance Coverage | |

Screening Questions for Person to be Vaccinated

1. Has this student ever had a serious allergic reaction to eggs or a previous dose of influenza vaccine?	Yes	No
2. Is this student sick right now with a fever or other symptoms?	Yes	No
3. Has this student ever had Guillain-Barre´ syndrome?	Yes	No
4. Has this student received any vaccination within the past 30 days?	Yes	No
5. Is this student pregnant or is there a chance she may become pregnant in the next two weeks?	Yes	No
6. Does this student have any of the following illnesses or conditions? Chronic lung disease (including asthma), heart disease, diabetes, brain, spinal cord or muscle illness that causes swallowing or lung problems. Problems with immune system caused by medications and/or HIV, kidney disease, liver disease, blood disorders	Yes	No
7. Will this be the very first year this student has received a flu vaccination?	Yes	No

- I authorize the personnel of Prowers County Public Health & Environment to release necessary information from this record to obtain payment for service provided to the person listed above from Medicare/Medicaid/CHP+/Private Insurance. I request the payment of authorized benefits be made to Prowers County Public Health & Environment on behalf of the person listed above.
- I have read or had explained to me the information on the Influenza Vaccine Information Statement (8/07/15). I have had a chance to ask questions and these were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me, or to the person named above for whom I am authorized to make this request.
- I also acknowledge that this shot information is being entered into the Colorado Immunization Information System (CIIS), a confidential, statewide immunization record tracking system.

Signature of parent/guardian of student

Date

--- FOR NURSE USE ONLY---

LOT NUMBERS	SITE	ADMINISTRED BY:
PRIVATE UI826AA UI852AC	LArm RArm	WB
VFC UI826AA	LLeg RLeg	<input type="checkbox"/> Recall for 2 nd dose