

### 2018-2019 Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Name: (Last, First, MI)*		Date of Birth:* ____ / ____ / ____ Month Day Year		Age*	Sex: (Circle)* Male Female
Street Address:*					
City:*		State:*	Zip:*	Phone:*	
Name of Insurance Company:*		Member ID Number:*		Group ID Number: (if available)	
Subscriber's Name: (Last, First, MI)*			Subscriber's Date of Birth:*		Sex: (Circle)* Male Female
Subscriber's Street Address:*(if different from address above)					
City:*		State:*	Zip:*	Phone:*	
Patient Relationship to Subscriber: (Circle)* Spouse Child Other					

Screening Questionnaire		
Is the person to be vaccinated sick today?	Yes	No
Does the person being vaccinated have an allergy to eggs or to a component of the vaccine?	Yes	No
Has the person being vaccinated ever had a serious reaction to influenza vaccine in the past?	Yes	No
Has the person being vaccinated ever had Guillain-Barre syndrome?	Yes	No
Does the person being vaccinated have a history of asthma or any respiratory disease?	Yes	No

I give permission for my insurance company to be billed and for administration of vaccine.	
X _____	Date: _____
(Signature of patient, parent or legal guardian)	

<b>For children 18 years of age and younger:</b>	
<input type="checkbox"/> Is enrolled in Medicaid (includes MassHealth and HMO's, etc., if enrolled through Medicaid)	
<input type="checkbox"/> Does not have health insurance	
<input type="checkbox"/> Is American Indian (Native American) or Alaska Native	
<input type="checkbox"/> Has health insurance and is not American Indian (Native American) or Alaska Native	

✓	Name of Vaccine	Manufactured By	Dosage	Lot #	Expiration Date	Recommended Age	Date Administered	State Supplied
	Fluzone	Sanofi-Pasteur	0.5 ml		30JUN19			

**\*VIS given at time of vaccination Date on VIS: 08/07/2015**

Clinic Site Name: Malden Board of Health	MDPH Provider PIN# 11013
Clinic Address: 110 Pleasant St. 2 <sup>nd</sup> Floor, Malden, MA 02148	
Name and Title of Vaccine Administrator: <i> Maria Tamaqua, RN </i>	