



INSTRUCTIONS: Print both pages 1 & 2 and complete page 1 before bring both pages to the flu vaccine clinic at Texas A&M University on Thursday, October 27 or Friday, October 28 from 8:00 a.m. through 5:00 p.m. in the General Services Complex, Assembly Room 101 at 750 Agronomy Road in College Station, Texas. Bring a picture ID and your insurance card if you have insurance. Scott & White will complete the paperwork to file the claim with your insurance plan so no money is needed IF you have insurance coverage. If you don't have insurance coverage, there is a \$25.00 cash option available.

Print Name _____ Address _____
DOB _____ Age: _____ Male / Female City _____ ZIP _____
Today's date: _____ Name of insurance: _____
Medical Record Number: _____ Is your insurance MEDICAID? YES / NO
To be entered by desk staff

Have you had the flu vaccine in the past? No / Yes Date _____ Flumist No / Yes Date _____ (28 days)

If you answer any of the following questions "YES", you may not be eligible for flu vaccine (injected or nasal) today.

- 1. Do you have a serious allergy to eggs? Yes No
2. Are you allergic to LATEX? (Found in injection syringes) Yes No
3. Have you felt ill yesterday or today or do you have a fever? Yes No
4. Have you ever had a serious reaction to any vaccine? Yes No
5. Do you have a serious blood disorder? Yes No
6. Do you have a history of Guillain-Barre Syndrome? Yes No
7. Are you allergic to NEOMYCIN? Yes No

FluMist Nasal Vaccine Only: If you can answer any of the following questions "YES", you are not eligible for the live attenuated FluMist nasal vaccine.

- Are you under 2 year old or 50 years of age or older?
Have you taken antiviral medications within the last 48 hours?
Do you work in NICU or with transplant patients, or have household contact with a severely immunocompromised person?
Are you pregnant or planning to become pregnant in the next month?
Do you have a chronic disease or condition, including
o asthma or other lung disease
o heart disease
o kidney disease
o diabetes
o neurological disease such as Guillain-Barre syndrome
o immune deficiency disease, HIV infection, cancer or organ transplant
o sickle cell disease
o taking oral prednisone
o breastfeeding a baby

Can you answer YES to any of the above questions? Yes No
Do you have questions about this vaccine? Yes No

- I have read the vaccine information statement for the Influenza vaccine.
I have no further questions related to receiving this vaccine.
Signing gives Scott & White Clinic permission to give the influenza vaccine.
Any remaining balance not covered by your insurance will be billed to your account.

Your signature _____ Date _____



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FOR OFFICE USE ONLY

Nurses Signature _____

Sticker

Site of injection R L deltoid thigh
Entry info: Enter into next gen immunizations
Must enter Site
Manufacturer
Lot number
Flu vaccine
Lot number
Expiration
Dose

- Female Bailey 30756
Male Bailey 30756
Child Bailey 30756

Table with 4 columns: Product Code, Description, NDC, and Price. Rows include 0342100, 0321600, 0365900, 0235200, 0364800, 0347900, and V04.81.