Chippewa County Health Department
Sault Health Adolescent Care Center
906 632-5690

Providing Flu Shots at School
Friday, October 15

- **Each student must have a flu shot form completed with the signature of the parent or guardian.**
- **Include insurance information *or* $10.00 (checks payable to Chippewa County Health Department) if no insurance. No student is denied based on inability to pay.**
- **Please call SHACC with any questions.**

CHIPPEWA COUNTY HEALTH DEPARTMENT
VFC Influenza Administration Record

I have read or have had explained to me the information in the attached Vaccine Information Statement. I believe I understand the benefits of the influenza vaccine and ask that the vaccine(s) be given to the person named below for whom I am authorized to make this request. (Date of vaccine information statement 08/06/2021).

First Name _____ **M.I.**_____ **Last Name** _____ **Sex** M F

Birthdate _____ **Telephone #** _____

Address _____
Street/PO Box Number **City** **State** **ZIP**

***Responsible Party*: First Name** _____ **Last Name** _____

Address (if different than student) _____
Street/PO Box Number **City** **State** **ZIP**

INSURANCE INFORMATION (check one)

☐ **Medicaid** - ID Number: ☐ UPHP ☐ Straight	
☐ **Self Pay - $10.00**	☐ Uninsured ☐ Underinsured ☐ American Indian/Alaska Native
☐ **Blue Cross/Blue Shield** (attach copy of insurance card) **Subscriber:** **Date of Birth:**	
☐ **Other Insurance** (attach copy of insurance card) **Subscriber:** **Date of Birth:**	

CONSENT AND ASSIGNMENT OF BENEFITS AGREEMENT

(Statement to permit payment of benefits to CCHD and allow for administration of vaccine)

I request that CCHD administer the influenza vaccination and I further request that payment of authorized benefits be made to CCHD on my behalf for any services furnished me.

I understand that I am responsible for all applicable co-payments in accordance with my health plan.

I authorize CCHD to release any medical information needed to determine these benefits for related services.

_____ _____

Signature of parent or guardian or person authorized to make the request. **Date:**

The questions on page 2 of this form must be completed.**

Screening Questionnaire for Childhood and Adult Immunizations

The following questions will help determine which vaccines may be given today. If the answer is "yes" to any questions below, it does not necessarily mean the person should not be vaccinated. It just means additional questions may be asked.

Questions to be asked before administering any vaccines:

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (i.e. diabetes) anemia, or other blood disorder?	☐	☐	☐
5. Is the person to be vaccinated on long-term aspirin therapy?	☐	☐	☐
6. Does the person to be vaccinated have cancer, leukemia, AIDS, or any other immune system or problem?	☐	☐	☐
7. In the past 3 months, has the person to be vaccinated taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	☐	☐	☐
8. Has the person to be vaccinated had a seizure or brain or other nervous system problem. Has a sibling or parent had a seizure?	☐	☐	☐
9. In the past year, has the person to be vaccinated received a transfusion of blood or other blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
10. Is the person to be vaccinated pregnant or is there a chance of pregnancy during the next month?	☐	☐	☐
11. Has the person to be vaccinated received vaccinations in the past four weeks?	☐	☐	☐

Adapted from the Screening Questionnaire for children and teen immunization, screening questionnaire for adult immunization, screening questionnaire for intranasal influenza vaccination, screening questionnaire for injectable influenza vaccination.