

Screening Checklist for Influenza Vaccination

NAME: LAST: _____ **FIRST:** _____ **M.I.:** _____

NAU ID #: _____ **DATE OF BIRTH:** _____ **AGE:** _____
(7-digits) (MM/DD/YY)

Questions:	Yes	No	Unsure
1) Are you sick today?			
2) Do you have an allergy to a component of the vaccine?			
3) Have you ever had a serious reaction to influenza vaccine in the past?			
4) Have you ever had Guillain-Barre' syndrome?			

Insurance Information:

- LouieCare Tricare (Standard and Select) Cigna
 United Student Insurance United HC Other _____
 BC/BS Aetna

"I have been provided a copy of the appropriate Center for Disease Control and Prevention Vaccine Information Statement, and have read, or have had explained to me, information about Influenza and Influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefit and risks of Influenza vaccine, and ask that Influenza vaccine be given to me or to the person named below (for whom I am authorized to make this request.)"

I am aware that there is a fee for this immunization. If covered by Louie Care, Aetna Student Insurance, or NAU BC/BS, vaccination cost is covered in full. If covered by other BC/BS, Aetna, Cigna, United Healthcare, or Tricare, your insurance on file will be billed and covered according to your personal policy guidelines. If no coverage is provided, charge will be applied to your LOUIE account.

The healthcare provider giving my vaccination today will release this information to the Arizona State Immunization Information System (ASIS). I understand that I am not required to agree to this release of information in order to receive the vaccination(s) I have requested. Agree Do Not Agree

X

 Patient Signature (if under 18, parent/guardian signature) Date Phone #

FOR CLINIC USE ONLY			
Date Given	Site	Manufacturer & Lot #	Signature of Vaccine Administrator
/ /	L or R		