GetA*FluShot*.com

A Professional Health Care LLC Company, Established 1989
Community Immunization Provider since 1991

U of W Insurance Claim Form and Consent: Influenza Immunization

Please check insurance plan: ☐ **Uniform Medical Plan of Washington** ☐ **Kaiser** ☐ **Medicare Part B** ☐ _____
☐ **Graduate Appointee Insurance Program (GAIP)** ☐ **Student Health Insurance Plan (ISHIP)**

For use by U of W employees & covered dependants
And covered students

Patient Information (PLEASE PRINT)

Last Name:	First Name:	(middle initial) MI:

Insurance ID#
Member ID Number:

(Month/Day/Year)
Date of Birth: _____ Sex: ☐F ☐M

Mailing Address:

City: State: ZIP Code:

Phone #: (_____) _____-_____

Have you had a flu vaccination before ? ☐ **Yes** ☐ **No**

Have you ever had a severe reaction to a flu shot? ☐Yes ☐No
Are you allergic to eggs? ☐Yes ☐No
Do you have a history of Guillain-Barre Syndrome? ☐Yes ☐No
If female, are you pregnant ☐Yes ☐No
Are you allergic to latex? ☐Yes ☐No

I have read/had explained to me the Vaccine Information Statement about influenza and influenza vaccine. I have had a chance to ask questions and had them answered to my satisfaction. I believe I understand the benefits and risks of 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 agree that neither GetAFluShot.com nor its sponsor or host site shall have any responsibility or liability if I contract influenza or other respiratory diseases, or suffer any other adverse reaction, following administration of the flu shot. I understand that I am responsible for payment for the vaccine if my insurance carrier denies payment.

X Signature of responsible person: _____ **Relationship:** _____ **Date:** _____

Community Provider/Health Plan Use Only	**Clinic Use Only**
Charge: _____	Clinic Location: _____ Date of Vaccination: _____ Mfg/Lot #: _____ Expiration Date: _____ Nurse's Initials: _____ Site of Injection: **L R Deltoid**

Please remit to: **GetAFluShot.com**
135 SE 102nd Ave
Portland, OR 97216

(503) 258-9800 **(877) 358-7468**
(503) 258-8311 fax

GAFS 08/11

8/1/03