



sticker

## Influenza Vaccination

Billing Preference (Please check one):

☐ I wish to pay for my vaccine. Do not bill my insurance

☐ Please bill my insurance for the cost of the vaccine and administration fee.

|  |     |    |            |
|--|-----|----|------------|
| For patients (both children and adults) to be vaccinated:<br>The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it. | YES | NO | Don't Know |
| 1. Is the person to be vaccinated sick today? Fever of 100.5 or higher.  |     |    |            |
| 2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?  |     |    |            |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?   |     |    |            |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome?   |     |    |            |

Form Completed by: \_\_\_\_\_ Date/time \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date/time \_\_\_\_\_

Site: Right   Left  
Thigh   Deltoid

Immunization sticker:

MNVFC (18 yrs and younger): Yes   No

Provider visit at the time of vaccines: Yes   No

Entered into Allscripts or MIIC: \_\_\_\_\_

Nurses Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_

### Billing codes:

Admin—G0008-Medicare

Admin—90471-Other Dx—Z23