



## Influenza Vaccination Consent (2019-2020)

### Crossover Health Medical Group

Please answer the following questions. If you answer “YES” to any of these questions, or don’t know the answer, please discuss with your medical provider.

Are you currently sick (does not include minor illnesses)?	YES	NO
Have you ever had a severe allergic reaction to the flu vaccine or any other vaccine or vaccine components?	YES	NO
Are you allergic to eggs, latex or thimerosal?	YES	NO
Have you ever had Guillain-Barre syndrome?	YES	NO

All flu vaccines given at Crossover Health wellness centers are the inactivated form of the vaccine and are safe for **children** and women who are **pregnant**.

#### CONSENT FOR SERVICES, MEDICAL RECORDS and HIPAA PRIVACY INFORMATION

I have read, or had explained to me, the Vaccine Information Statement about influenza vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the influenza vaccination be given to me. I have been informed and understand that if I experience a possible adverse reaction related to this flu vaccine, I consent to receiving immediate care if necessary and should seek follow up medical care from my Primary Care Provider.

I voluntarily authorize Crossover Health to use or disclose my health information to my Primary Care Physician (PCP), my insurance plan and/or state or federal registries, where required, for purposes of treatment, payment or other health care operations. This authorization permits Crossover Health to disclose the vaccination I received today. I understand that this Authorization will remain in effect unless I provide a written notice of revocation to Crossover Health and understand my rights in accordance with the Crossover Health Notice of Privacy Practices. I do hereby authorize Crossover Health to release information to my Employer Benefits Team and request payment of authorized benefits on my behalf if applicable.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE:

<b>Lot#</b>		<b>Exp</b>		<b>Manufacturer</b>	
<b>Route (Deltoid)</b>	R or L	<b>Date</b>		<b>Administered By</b>	