

2020 – 2021 INFLUENZA Vaccine Consent and Insurance Information Form
AGES 3 through 18

For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible: Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid) Does not have health insurance Is American Indian (Native American) or Alaska Native Is not VFC-eligible: Has health insurance and is not American Indian (Native American) or Alaska Native
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Vaccine Screening Questions for Injection

Has this person ever received a flu vaccine?	Yes	No
Is this person allergic to eggs or egg protein, or thimerosal?	Yes	No
Has this person ever had Guillain-Barre Syndrome?	Yes	No
Has this person ever had a life threatening reaction to a flu vaccine?	Yes	No

For Clinic/Office Use Only:

IIV4 Inactivated influenza vaccine, Fluzone quadrivalent **LAIV4** Live influenza vaccine, quadrivalent, for intranasal use supplied

RIV4- Flublok recombinant influenza vaccine, quadrivalent **IIV4** Flulaval state supplied

Date of Service	Vax Type	Vaccine Mfgr	State Supplied (Circle)	Preserv Free	Dose (mL)	Lot No	Exp Date	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS given
	IIV4 Fluzone (Quadrivalent)	Sanofi Pasteur	Yes No	Yes	0.25 0.5			IM	R Arm L Arm	08/15/2019	
	LAIV4 Flumist Additional Questions	AstraZeneca	Yes	Yes	0.2	MH2201	12/16/2020	Intranasal	N/A	8/15/2019	
	Flublok (RIV4) 18 Years old and older	Sanofi Pasteur	No	Yes	0.5			IM	R arm L arm	8/15/2019	
	IIV4 Flulaval 6 months or older STATE SUPPLIED	Glaxo SmithKline	No	Yes	0.5	2SM24 494S5	6/30/2021 6/30/2021	IM	R arm L arm	8/15/2019	

Signature of Nurse Administering Vaccine: _____

Provider Name: Westford Health Department

MDPH Provider PIN# 11994

Address: 55 Main Street, Westford, Ma. 01886

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