Snoqualmie Valley
HOSPITAL
Dedicated to quality. Devoted to community.

SEASONAL INFLUENZA VACCINE 2020-2021

LEGAL NAME (print):_____ Flu Clinic Location:_____

DATE OF BIRTH:_____

ADDRESS: _____ Phone number _____

CITY/ZIP:_____

❑ Self-pay $35 ❑ Invoice to _____

❑ Insurance including Medicare/Medicaid
Must supply copy of card front and back

Subscriber _____

Subscriber Date of Birth _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
Have you ever had a severe adverse reaction to the flu vaccine?	☐	☐
Do you have anaphylaxis (stop breathing) when exposed to eggs?	☐	☐

I give consent for the influenza vaccine to be administered and for my insurance to be billed.

SIGNATURE_____ DATE_____

RELATIONSHIP IF RECIPIENT IS A MINOR_____

Clinic Use Only

Date:_____ Initials:_____ VIS Offered: ☒ Site: ☐Left Deltoid ☐Right Deltoid

☐ Vaccine/Mfr/Lot #/Exp: Aflura (Seqiris Pty) #P100240990 06/07/2021

☐ Vaccine/Mfr/Lot #/Exp: Fluzone (Sanofi) #UJ475AB 06/30/2021

Registration Use Only

☐ Registration completed in Centriq Visit number:_____

Billing codes: 438-0318 & 395-0611

PATIENT LABEL