

Tulare County Public Health Department- Flu Vaccine Form

5957 S. Mooney Blvd. Visalia, CA 93277

Provider ID- 172810

Phone: _____

NPI # _____

Date of Service: _____ (Please Print) **Parent's Name:** _____

Patient's Name: _____ **Age:** _____

Mailing Address : _____ **City:** _____

Phone Number : _____ **Zip Code:** _____

Date of Birth: _____ **Gender:** _____ M / F

Payment Method (Check all that apply) Completed by County Staff

Bill to: Client Insurance Medicare Medi-Cal

Member ID#: _____

Insurance Name: _____

I authorize Tulare County Public Health Department to release service related information regarding the above mentioned person to third party payors and/or other health practitioners and to bill for service rendered to me if applicable. I request my payor to pay TCPHD directly for services rendered to me.

Signature: _____ **Date:** _____

	IMMUNIZATIONS	DX	CPT
	Influenza 6-35m Quad no pres	Z23	90685
	Influenza 3yrs Quad no pres	Z23	90686
	Influenza 6-35m Quad	Z23	90687
	Influenza 3+yrs quad w/ pres	Z23	90686
	Influenza 6-35m	Z23	90687
	Influenza 3+yrs quad w/ pres	Z23	90688

	IMMUNIZATION ADMIN	CPT
	Single - IM/SC	90471
	Each Addiitonal IM/SC	90472
	Single Oral/Nasal	90473

Vaccine program clients charged Admin Only

Notes:

Vaccination Record (Below section must be completed by the nurse administering the vaccine (s))

Flu Vaccine Manufacturer	Date Administered	Body Site (Circle One)	Lot Number	Administered By
	/ /	LD / RD		TCHHSA/

General Health Information (Please answer all questions)

	Y	N	Unsure
1. Are you or your child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you or your child have an allergy to eggs or to component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or your child ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or your child ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For women: For you pregnant or your child is there a chance that you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were you or your child vaccinated with the seasonal influenza vaccine after July 1 of this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Immunization Records:

	Y	N
I have read the CAIR (California Immunization Registry) disclosure form:	<input type="checkbox"/>	<input type="checkbox"/>
Agree to share?	<input type="checkbox"/>	<input type="checkbox"/>

Consent for vaccination:

I have read or had explained to me the Vaccine Information Statement for the vaccines that I or my child will receive and I understand the risks and benefits. I give consent to the HHSA licensed staff to administer these vaccines to my child.

Signature: _____ **Date:** _____

To be completed by Tulare County Nursing staff:

I have reviewed and addressed all of the information above: _____