

TECUMSEH FAMILY HEALTH/ADAMS PRIMARY CARE

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Stacey Goodrich, MD Benjamin Biehl, MD Zacariah Tempelmeyer, MD
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Vaccines given on Wednesday, October 27 @ 10AM
Forms need to be returned to the school office by Friday, October 22

INFLUENZA IMMUNIZATION RELEASE

NAME: _____ DATE OF BIRTH: _____ AGE: _____

Flu Immunizations will not protect all persons who get the flu. Flu immunizations will not protect against other illnesses that resemble the flu.

FOR PATIENTS (BOTH CHILDREN AND ADULTS) TO BE VACCINATED: 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.

Is the person to be vaccinated sick today? YES NO DON'T KNOW

Does the person to be vaccinated have an allergy to a component of the vaccine? YES NO DON'T KNOW

Has the person to be vaccinated ever has a serious reaction to the influenza vaccine in the past? YES NO DON'T KNOW

Has the person to be vaccinated ever had Guillian-Barre' Syndrome? YES NO DON'T KNOW

SIGNATURE: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

FLU SHOT CLINIC INFORMATION

Please provide a copy of the Front and Back of your Insurance Card

HEALTH INSURANCE INFORMATION:

INSURANCE COMPANY: _____

POLICY #: _____

POLICY HOLDER NAME: _____

POLICY HOLDER DOB: _____

POLICY HOLDER SSN: _____

POLICY HOLDER RELATION TO PATIENT: _____

POLICY HOLDER ADDRESS: _____

POLICY HOLDER PHONE # _____

PATIENT NAME: _____

PATIENT DOB: _____

PARENT OR GUARDIAN NAME: _____

PHONE #: _____