



Adult Influenza & Pneumococcal Vaccine Consent Form rev 7/11

AGE *****This is to be used for Patients aged 19 and older ONLY*****

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____
mm dd yyyy

Mailing Address _____ City _____ State _____ Zip code _____

Sex: Male Female
Ethnicity: Hispanic Non-Hispanic
Race: African American American Indian Asian White Other
INSURANCE STATUS Please mark appropriate category (INSURANCE INFORMATION AND POLICY ARE REQUIRED)
 I have Medicare Coverage
 Medicare is Primary
 Medicare # (include letters) _____
 Medicare Supp. Co. Name & Policy # _____
 Medicaid/Salud – **place check mark next to plan:**
 Blue Salud
 Lovelace Salud
 Medicaid
 Molina Salud
 Presbyterian Salud
 Other: _____
 Medicaid # (include letters) _____
Private/Commercial Insurance
 No Health Insurance
 I have Private/Commercial Insurance
 BlueCross Blue Shield
 Lovelace
 Presbyterian
 United Healthcare
 Other: _____
 Insured Name (Last, First, Middle Initial): _____
 Insured Employer's Name or School Name: _____
 Insured Address: _____ City _____ State _____ Zip _____
 Insured Relationship: Self Spouse Child Other
 Private/Commercial Insurance Policy Group or FECA # _____
 Policy Holder Name: _____
 Policy Holder Date of Birth: _____ Sex: Male Female

The following questions will enable us to determine your eligibility to be vaccinated today.	Yes	No	Don't Know
1. Do you feel sick today?			
2. Do you have allergies to medications, food or any vaccine? (examples, Eggs, Chicken Protein, Gelatin, Gentamicin, Polymyxin, Neomycin, or Thimerosal) If yes , please list the allergies. _____			
3. Have you ever had a serious reaction to an influenza vaccine or any other vaccine in the past?			
4. Have you ever had a seizure disorder, a brain disorder, Guillain-Barre Syndrome (a condition that causes paralysis) or other nervous system problems?			
5. Are you 65 years of age or older?			
6. Do you smoke or have a chronic condition (such as asthma, diabetes etc.)?			
7. If you answered yes to number 5 or 6, have you ever had a pneumococcal, or "Pneumonia," vaccination?			
8. For women: Are you pregnant or considering becoming pregnant in the next month?			

I have been given and have read or have had explained to me, the information in the Vaccine Information Statement(s) for the diseases and vaccine(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine checked below be given to me or the person named for whom I am authorized to make this request. I request that payment of authorized benefits be made to the New Mexico Department of Health/Public Health Division/Immunization Program, for services furnished to me by that program. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits payable for related services. I specifically authorize the release of my Medicare or other insurance policy number to the NM Department of Health to allow the Department of Health to seek reimbursement for the vaccine and administrative costs.

Signature of person to receive vaccine or person authorized to make request. _____ Date _____

FOR CLINIC USE ONLY**ENTER THE APPROPRIATE TRADE NAME, LOT #, DATE of VIS, and SITE/ROUTE FOR EACH VACCINE GIVEN**

Vaccine	Brand Name	Lot #	Date of VIS	Site/Route codes below	Vaccine	Brand Name	Lot #	Date of VIS	Site/Route codes below
Influenza					Pneumococcal				

RA/IM (Right Arm/Intramuscular)
LA/IM (Left Arm/Intramuscular)
RT/IM (Right Thigh/Intramuscular)
LT/IM (Left Thigh/Intramuscular)
IN (Intranasal)
RA/SC (Right Arm/Subcutaneous)
LA/SC (Left Arm/Subcutaneous)
RT/SC (Right Thigh/Subcutaneous)
LT/SC (Left Thigh/Subcutaneous)
PO (By Mouth)

 Vaccinator: _____ VFC Pin #: _____
 (PRINT NAME) (SIGNATURE) (DATE OF SERVICE)
Direct Data Entry to New Mexico Statewide Immunization Information System (NMSIIS) is required at the provider site.