2020

TOWNSHIP OF HANOVER HEALTH DEPARTMENT

INFLUENZA VACCINE IMMUNIZATION

Permission and Release Form

Are you? ☐ Traditional Medicare B ☐ Paid participant $ 25.00 ☐ Hanover Twp. Board of Education- $ 25.00
☐ Hanover Twp. Committee Member / Volunteer ☐ Retired Hanover Twp. Employee with Aetna Medicare
☐ Hanover Twp. Employee

MEDICARE #

Must have traditional Medicare B
***if Medicare does not pay for you vaccine you will be billed $25.00 or $ 40.00 for High Dose Flu Vaccine**

Those with *HMO Medicare or those without Medicare must pay the fee.
We are unable to bill other insurances. * **cost: $ 25.00 / High Dose- $ 40.00**

☐ cash ☐ check
Do you have Medicaid or PAAD? ☐ (the fee may be waved.)

	Yes	No
1. Is this your first time receiving the FLU Vaccine?	☐	☐
2. Do you have any allergies that you know of? Please list: **EGGS**, latex, food , vaccines etc._____	☐	☐
3. Have you ever had a serious reaction to a previous vaccine?	☐	☐
4. Are you ill today?	☐	☐
5. Do you have a neurological disorder or history of seizures?	☐	☐
6. Have you had any vaccinations within 4 weeks?	☐	☐
7. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks	☐	☐

PERMISSION

I request that payment of authorized Medicare benefits be made on behalf of the Township of Hanover for services of a Flu or Pneumococcal Vaccination. I understand that Hanover Township accepts traditional Medicare and is unable to bill Medicare HMOs and other commercial insurance. I authorize any holder of medical information about me to release to the Centers of Medicare Services and its agents any information needed to determine these benefits or the benefits payable for related services. I understand that if Medicare denies the claim for payment of the Flu Vaccine, I may be billed $ 25.00 or $ 40.00 for High dose.

INFORMATION- VIS 08/15/2019 Vaccine Information Statement:

I have been provided a Vaccine Information Sheet (VIS). I have read or have had explained to me the information about the influenza and / or pneumococcal vaccine. I understand the benefits and risks of the influenza vaccine and / or the pneumococcal vaccine and request that the vaccine be given to me or the person named below for who I am authorized to make the request.

RELEASE

I hereby give my permission for the Township of Hanover Health Department to administer the influenza vaccine. I hereby release and waive any and all claims against the Township of Hanover arising out of or related to administration of the vaccine.

Person to Receive Vaccine (please print) **Official Use Only**

Last Name: **First** **MI.**		Clinic ID: Hanover Township Health Department	
Street Address	Telephone:	**Date:**	
City, State and Zip Code			
Date of Birth		**Site**	**Nurse initials**

_____ _____
Signature (participant / parent / guardian) **Date**

For Office Use Only. Do not complete

Vaccine Received: ☐ Quadrivalent GSK: Lot #J3T44 Exp. 6/30/2021 ☐ High Dose

Mfg. / Lot #:_____