

**PATIENT NAME:**  
**ADDRESS:**

**DATE OF BIRTH:**

**If not attaching a copy of the front and back of the insurance card, please complete the following:**

**PHONE NUMBER:**  
**INSURANCE COMPANY:**  
**POLICY HOLDER:**

**PATIENT POLICY #**  
**GROUP #**  
**POLICY HOLDER D.O.B.**

Please be aware that North Park Pediatrics will rely upon the above or attached information to bill your insurance company for the influenza vaccination received today. North Park Pediatrics will attempt to bill your insurance only once. If the claim is rejected due to incorrect information supplied above, you will be billed and you will be responsible for paying \$25.00 to North Park Pediatrics for the cost of the vaccine and its administration. At that time, if you choose to pursue reimbursement on your own, North Park Pediatrics can supply you with documentation of the administration of the vaccine.

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD:**

- My child is 6 months of age or older  yes  no
- My child has had an allergic reaction to the influenza vaccine in the past.  yes  no
- My child has a history of Guillain-Barré Syndrome.  yes  no
- Has your child had a fever in the last 24 hours.  
(greater than 100.4 orally or 101 rectally)  yes  no
- Has your child had any significant signs or symptoms of illness in the  
past 24 hours  yes  no
- I have had the opportunity to read the Influenza Vaccine Information Sheet  yes  no
- Has your child had suspected/confirmed COVID-19 or been exposed to  
someone with COVID-19 within the last 14 days  yes  no

**If your child is less than 9 years old, please answer the following questions:**

Has your child had 2 or more seasonal influenza vaccines before July 1, 2021?  yes  no  unknown

I, \_\_\_\_\_, the parent or legal guardian of the above named child, have completed this form. I give my permission for the above named child to receive the influenza vaccine today.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

For office use only:

Manufacturer/Lot #

Child to return for second dose