Office Use Only
CA/CK

School Immunization Clinic Information
Adult Form

Your school and Weber-Morgan Health Department are pleased to announce they are partnering to provide an Influenza & Tdap vaccine clinic at your school. It is recommended that everyone over the age of 6 months receive an annual influenza vaccine to prevent illness and hospitalizations. Tdap vaccine is also recommended for all adults. School nurses and health department nursing staff will be offering these vaccinations to anyone who would like to receive them at the school. Parents and siblings are welcome to attend with their child and may receive vaccinations at the same time.

- **For Clinic dates and times,** please go to your school website, or www.webermorganhealth.org.
- **Please read the vaccine information statements at** www.webermorganhealth.org or call 801-399-7250 for a paper copy. They will answer questions you may have regarding these vaccines.
- P**lease fill out both sides of this form.** You can also go to your school web site, or www.webermorganhealth.org and print the forms.
- **Please bring the completed form back to the school on the day of the clinic**.

Weber-Morgan Health Department can bill the following insurance companies if your child is covered by them:

- Aetna
- Altius
- Blue Cross Blue Shield (Except Focal Point)
- CHIP
- Deseret Mutual
- Educators Mutual (EMI)
- GEHA
- Medicaid
- Medicare
- PEHP
- Select Health
- TRICARE
- UMR
- United Health Care
- University of Utah

You can scan this QR Code to access the information online.

Please choose one of the following payment categories:

☐ **I have one of the insurances listed above:**
(All information must be completed in order for us to bill your insurance)
Insurance Name: _____ Policy #: _____
Policy Holder Name: _____Policy Holder Date of Birth: _____
***Please attach a copy of insurance card.**

☐ **My insurance company is not listed above:** Influenza $30, High Dose Flu $59, Tdap $55

☐ Check here if you would like us to send you an itemized receipt to submit to your insurance.

☐ **I do not have insurance coverage for immunizations:**

Influenza $30, High Dose Flu $59, (SP) Tdap $20

Cash or check is acceptable. Please make check payable to "WMHD".
**If payment is indicated, it needs to be paid on the day of the clinic*

WEBER-MORGAN HEALTH DEPARTMENT
Encounter – Adult Permission Form

Please fill out the following information for the person receiving the vaccine.

Legal Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ ZIP Code: _____

Telephone #: _____ Cell Phone #: _____

Race: _____ Ethnicity:_____ Sex: _____ School Site: _____

I have been given a copy and have read, or had explained to me, the information contained in the Vaccine Information Statement for the person receiving the vaccine(s). I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or the person for whom I am authorized to make this request. I agree that this information may be shared with schools, daycare centers, healthcare providers and others when medically necessary. I understand that it is my responsibility to know what my insurance plan covers and agree to pay the portion not covered by my insurance. I understand that if Weber-Morgan Health Department does not have a contract with my insurance company, or my insurance company denies payment, I am responsible for all charges incurred. I am hereby notified that the Weber-Morgan Health Department's Notice of Privacy Practices is located on their web site at www.webermorganhealth.org and I have had a chance to ask questions about how my public health information will be used.

Has the person receiving the vaccine:

1.	been ill in the last week with anything more severe than a cold?	☐No	☐Yes
2.	had a serious reaction to a previous vaccination?	☐No	☐Yes
3.	been paralyzed by Guillain-Barre Syndrome?	☐No	☐Yes
4.	had a serious allergy to any foods or medications?	☐No	☐Yes
	If yes, please list: _____		
5.	had a seizure, brain, or nerve problem?	☐No	☐Yes

Requested Vaccine (s):

Influenza Injectable	☐
High Dose Flu Injectable (65+ Only)	☐
Tdap (Tetanus, Diphtheria and Pertussis)	☐

Signature: _____

*** Space below for Office Use Only***

Vaccine(s) Given:

☐ Weber Flu	_____	0.5 cc	☐ L ☐ R Del
☐ Weber High Dose Flu	_____	0.5 cc	☐ L ☐ R Del
☐ Weber Tdap	_____	0.5 cc	☐ L ☐ R Del
☐ Special Project Tdap	_____	0.5 cc	☐ L ☐ R Del

Date: _____

Nurse's Initials: _____

Notes: _____