PROMOTE • PREVENT • PROTECT

WACO-MCLENNAN COUNTY
Public Health District

Provider ID #: PH0008
Waco McLennan County Public Health District
225 W. Waco Drive
Waco, TX 76707

Influenza Vaccine Record

Last Name: _____ **First Name:** _____ **M.I.**_____ **Sex:** Male/Female

Date of Birth: _____ **Race:** White - African-American - Hispanic - Not Specified - Other

Address: _____ **City:**_____ **Zip:** _____ **County:** _____

SS#:__ __ __ - __ __ - __ __ __ __ **Medicare Health Insurance # / Part B:** _____

Phone # ( )_____

Are you sick today or have you been sick in the last week? Yes No

Have you had a serious reaction to a previous dose of influenza vaccine? Yes No

Do you have any allergies to eggs, thimerosol or latex? Yes No

Have you ever had Guillain-Barré Syndrome or other nervous system disorder? Yes No

Have you been treated for wheezing in the past year? Yes No

Do you have a chronic medical condition yourself (regardless of your age), such as:

- ☐ Asthma or another lung disease? Yes No
- ☐ Heart disease? Yes No
- ☐ Diabetes? Yes No
- ☐ Kidney disease? Yes No
- ☐ Blood disease? Yes No

Are You Pregnant? Yes ☐ No ☐

I have been given a copy and have read, or have had explained to me, the information contained in the Vaccine Information Statement, and I understand this information. I give permission to the WMCPHD's staff to give this immunization to me or to the person named above for whom I am authorized to make this request.

I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits to the party who accepts assignment.

Signature of consenting adult: _____ Date: _____

Vaccine administered by: _____ Date: _____

Influenza Lot #_____ Site: RA / LA

VIS provided to school for distribution prior to clinic: Yes ☐ No ☐

VIS form given by: _____ Date:_____

Revised 9/29/2009 KC

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by the Waco-McLennan County Public Health District for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of the Waco-McLennan County Public Health District.

I understand that diagnosis or treatment of me by the Waco-McLennan County Public Health District may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. The Waco-McLennan County Public Health District is not required to agree with the restrictions that I may request. However, if the Waco-McLennan County Public Health District agrees to a restriction that I request, the restriction is binding on the Waco-McLennan County Public Health District.

I have the right to revoke this consent, in writing, at any time, except to the extent that the Waco-McLennan County Public Health District has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by the Waco-McLennan County Public Health District staff, another health care provider or a health plan. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review the Waco-McLennan County Public Health District's Notice of Privacy Practices prior to signing this document.

I have received a copy of the Waco-McLennan County Public Health District's Notice of Privacy Practices.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the Waco-McLennan County Public Health District.

The Notice of Privacy Practices for the Waco-McLennan County Public Health District is also posted in each department of the Health District and on the City of Waco's web site at www.waco-texas.com /services/health.

This Notice of Privacy Practices also describes my rights and the duties of the Waco-McLennan County Public Health District with respect to my protected health information.

The Waco-McLennan County Public Health District reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by accessing the Waco-McLennan County Public Health District's web site, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next visit.

_____ _____

Signature of Client or Authorized Representative Relationship

_____ _____

Name of Client Date Of Birth Date