



The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

JAMES P. McMANIMON, BUSINESS ADMINISTRATOR

ADULT INFLUENZA REGISTRATION FORM 2020-2021

Write with ink only

Name:		Birth date: _____	
		Age: _____	
Address:			Apt:
City:	State:	Zip:	Phone ()
<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Insurance Information

Are you currently Insured ?	Yes	No	Are you currently employed ?	Yes	No
PRIMARY Card Holder's Name:			Card Holder's Birth Date:		
Type of insurance: (circle) Medicare AARP AETNA Ameri Health NJ Direct Horizon BCBS Cigna Other					
ID Number & letters:			Group number:		

Please circle answer

Do you have an allergy to ANY medications?	Y	N	Are you pregnant or breast feeding?	Y	N
List medication?			Do you have Asthma, or pulmonary disease?	Y	N
Are you allergic to Latex ?	Y	N	Are you immunosuppressed (low WBC's)?	Y	N
Are you allergic to eggs or egg products?	Y	N	Are you taking steroids (oral or IV)?	Y	N
Have you had a reaction to the flu vaccine?	Y	N	Are you on Chemotherapy?	Y	N
Are you currently ill?	Y	N	Are you allergic to Thimerosal (preservative)	Y	N
Do you have a cough, fever, sneezing, head cold?			or Neomycin?		
Do you have a chronic illness?	Y	N	Have you ever had Guillain-Barre Syndrome?	Y	N
High BP High Cholesterol, Diabetes, Cancer, COPD Other:					

INFLUENZA CONSENT

I understand the benefits and risks of Influenza vaccine and I request that it be given to me or to the person named above who I am the parent, guardian or authorized person. My signature indicates that I understand that my information will remain confidential. If applicable, I give permission to bill Medicare or Insurance for eligible benefits.

I understand that there will be no charge if Medicare doesn't pay. Signature _____

Vaccine	Date vaccine a	Vaccinator	Site	Vaccine Lot #	Exp	Mfr	Date of VIS	VIS given	Patient Signature
Fluzone	/ /20					AVP	8/15/2019	/ /20	

Cosignature _____