



Minot State Staff and Faculty Flu Vaccine Administration Record 2024-2025

Please complete all boxes and print legibly.

Last name:		First name:		M.I.:
Date of birth:	Age:	Please circle: Male Female	Phone:	
Address:		City:	State:	Zip:

INSURANCE: Flu vaccination CANNOT be given without all insurance information completed.

Sanford Health Insurance ID#	
Policy Holder Name:	Policy Holder Date of Birth:

Please answer all questions:

1. Is the person to be vaccinated sick today?	Yes	No
2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine?	Yes	No
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	Yes	No
4. Has the person to be vaccinated ever had Guillain Barré Syndrome?	Yes	No

Authorization and Assignment of Benefits

A copy of the Vaccine Information Statement has been provided, and I have read, or had explained, the information about influenza (8/15/2019) I had an opportunity to ask questions and believe that I understand the benefits and risks of the vaccine(s). I consent to the administration of the vaccines listed to be given to the person named above, and I am authorized to give this consent. Minot State University Student Health Center (Minot State SHC) Notice of Privacy Practices is available online or by request. I agree to pay, and I am financially responsible for Minot State SHC established charges that are not covered by a third-party payer. I assign and authorize any third party payer/insurer to make direct payment to Minot State University Student Health Center. I authorize the release of information necessary to process this claim. Information collected on this form will be used to document receipt of vaccine(s) and may be shared with the ND Immunization Information System and other entities in accordance with ND Century Code 23-01-05.3.

X

Signature of client or person authorized to sign on the client's behalf.

Date: _____

MSU STUDENT HEALTH CENTER USE ONLY

Influenza	Lot # 9CH4P	Exp. 6/30/2025	Fluarix GSK 0.5 cc IM	VIS Date 8/6/2021	Circle Deltoid: Left Right
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Signature of Vaccine Administrator

Date

NDIIS	Submitted to Insurance	SHC Reimbursed	Developed: 8/28/2015 Updated: 9/26/2024
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