The Austin Diagnostic Clinic
Influenza Vaccine Consent Form

PATIENT NAME: _____ ACCT #:_____

DATE OF BIRTH: _____ PHYSICIAN: _____

PHONE: _____ INSURANCE: _____

Temperature: _____ (100.4 F or greater should not receive vaccine today)

PLEASE CIRCLE AN ANSWER TO THE QUESTIONS BELOW:

Is the person to be vaccinated sick today?	☐ Yes ☐ No
Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐ Yes ☐ No
Has the person to be vaccinated ever had a reaction to influenza vaccine in the past?	☐ Yes ☐ No
Has the person to be vaccinated ever had Guillain-Barre syndrome?	☐ Yes ☐ No
Were you offered or given an Information Statement (VIS) about this vaccine? VIS: Inactivated Influenza Vaccine (08/06/2021) 42 U.S.C. § 300aa-26	☐ Yes ☐ No

I have read, or have had explained to me, information about the disease and the vaccine listed above, the financial and privacy information listed above. I understand the benefits and risks of the vaccine cited and consent that the vaccine be given to me or the person named above for whom I am authorized to make this request.

_____ _____

Signature of patient or guardian *Date*

TO BE COMPLETED BY ADC STAFF

	INJECTION	DOSE	Vaccine CPT code	Administration Code		DESCRIPTION	ICD 10 CODE
ADULT	Influenza (Adult)	**0.5ml**	**90686**	**90471**		**Fluarix Quadrivalent Vaccine**	**Z23**
	Influenza (Adult) **Egg-Free**	**0.5ml**	**90674**	**90471**		**Flucelvax Quadrivalent Vaccine**	**Z23**
	Influenza (Adult) **High Dose**	**0.5ml**	**90694**	**90471**		**Fluad High Dose Quadrivalent Vaccine**	**Z23**
PEDIATRICS (Private Ins.)	**INJECTION**	**DOSE**	**Vaccine CPT code**	**Admin Code for up to 18 YO**	**Admin with Counseling up to 18 YO**	**DESCRIPTION**	**CODE**
	6 mo. -18 yrs.	**0.5ml**	**90686**	**90471**	**90460**	**Fluarix Quadrivalent Vaccine**	**Z23**
PEDI VFC	6 mo. -18 yrs.	**0.5ml**	**90686**	**90471**	**90460**	**Fluarix/Fluzone Quadrivalent Vaccine (VFC Stock)**	**Z23**
PEDI VFC	6 mo. -18 yrs.	**0.25ml**	**90686**	**90471**	**90460**	**Fluzone Quadrivalent Vaccine (VFC Stock) – *First Flu Shot 6mo-35mo.***	**Z23**
SHOTS FOR TOTS	6 mo. - 18 yrs.			**90471- $14.85**		**Any flu vaccine under shots for tots program. (Do not bill separate vaccine CPT code)**	**Z23**

Brand (Circle one): ☐ **GSK** ☐ **Sanofi** ☐ **Seqirus** **Lot #:** _____

Site: Deltoid/Thigh ☐ ☐ **R or L** ☐

Administered by: _____ **Date:** _____

REV. 08/02/2022