



VISITING NURSE ASSOCIATION
OF CAPE COD
Member Cape Cod Healthcare

PAID M NM NO Ins

Flu Vaccine Immunization Record

PLEASE PRINT

PLEASE PRINT NAME AS IT APPEARS ON INSURANCE/MEDICARE CARD

(Last)	(First)	(MI)	Birth date:	Sex:
Name:			/ /	Male Female
St address:			age:	Phone:
City:			State:	Zip:
Medicare number:			Medicare PART B:	YES NO
** MUST include the letter at the end and/or the beginning of the number				
Is Medicare primary insurance?	YES NO			
All other Insurance information				
ACCEPTED INSURANCES: Aetna, BC/BS of MA, BMC, Fallon, HP, Masshealth, Tufts, Unicare/Comm Indemnity				
Primary Insurance Information (If not Medicare)				
Insurance Name:			Is subscriber employed?	Yes or No
Policy/ID number:			suffix:	Group #
*** MUST include all letters in beginning/end of policy ID number				
Subscriber DOB:	/ /	Subscriber Sex:	F M	
Subscriber Name:				
Patient relationship to Subscriber: Please Circle			Spouse	Child Other Self
Check here if you do not have Insurance →→→				
Are you allergic to eggs	NO YES	Are you allergic to Thimerosal (mercury)	NO YES	
Are you ill today	NO YES	Have you ever had Guillian Barre Syndrome	NO YES	
Are you on anticoagulants	NO YES	Have you ever had the Flu Shot	NO YES	
Are you allergic to latex	NO YES	Are you allergic to neomycin/Polymyxin	NO YES	

By signing below I am giving my permission for my Insurance to be billed and confirm that I have been given a copy and have read or have had explained to me the information on the flu vaccine information sheet (08/7/2015).

Signature of person to receive vaccine or that persons guardian

Date

DO NOT WRITE BELOW THIS LINE

Injection site: RD LD Nasal

Nurses name:

Date administered:

Vaccine

Vaccine

Name:

Manufacturer:

Lot #

Provider name:

VNA of Cape Cod, Inc

MDPH Provider PIN #

Clinic/office address:

255 Independence Drive, Hyannis MA 02601

TRURO

name/location of clinic

Your signature above authorizes the release of protected health information pertaining to treatment, payment and operations necessary to this billing process, physicians, medical facilities, contracting provider, and community agencies involved in your care, quality review activities (internal and external, including regulatory and accrediting organizations), and release of outcome information to the state and center for Medicare and Medicaid Services, and Joint commission on Accreditation of Health Care Organizations.