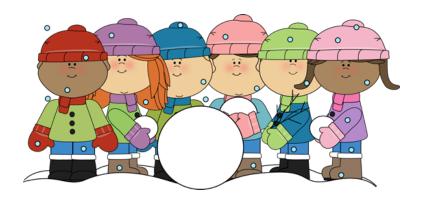
Children's Flu Clinic Lynnfield Board Of Health



Date: October 21, 2019

Time: 2:45 - 6:15 pm

Location: Summer Street Elementary School

The Lynnfield Board of Health will be holding a Flu Clinic for children between the ages of 5-18 at the Summer Street Elementary School. Your child can not be allergic to eggs or egg products to receive the vaccine. An adult or guardian must be present at the time of administration. Please remember to bring all insurance cards or your child will not be able to participate. Forms are available at the time of administration.

Any questions, please do not hesitate to contact Mrs. Sandy Wilson, RN, Lynnfield Board of Health - 781-334-9482.

2019-2020 Flu Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

| Name: (Last, First, MI)* | | Date of birth: * | | | Age* | Sex: (Circle)* | | |
|--|-----------------------------|------------------|----------|-------------|---------------------------------|-------------------------------|-------------|--------------------|
| | | | Day Year | | | Mal | Male Female | |
| Street Address:* | | | | | | | | |
| City:* | State: * | Zip:* | | Pho (| ne:* | | | |
| surance Information: <i>Include the whole n</i> | nember ID nui | nber an | d any | letters tha | t are part | of that i | number | |
| Name of Insurance Company:* | Member ID Number:* | | | | Group ID Number: (if available) | | | |
| /ledicare Number: | Is Medicare Primary? Yes No | | | | | Is Subscriber Retired? Yes No | | |
| person getting vaccinated is not the ins | urance subs | criber/p | olicy | holder, p | ease co | mplete t | he follo | wing: |
| Subscriber's Name: (Last, First, MI)* | | | Subs | criber's Da | | * | Sex: (C | Circle)* Female |
| Subscriber's Street Address:* (If different from a | ddress above) | | IVIOIIL | n Day | TCUI | | | |
| City:* | State:* | Zip: | * | Phone (| .* | | | |
| Patient Relationship to Subscriber: (Circle)* | Spouse | Child | | Other | | | | |
| X(Signature of patient, parent or legal guarantee. | | billed. | | | Date: _ | | | |
| ************ | | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| ace Photo Copy of All Insurance Cards | Here: | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| vider Name: <u>Lynnfield Board of Health</u> | | | M | DPH Provi | der PIN#: | 11005 | | |
| ovider Name: <u>Lynnfield Board of Health</u> ovider Address: 55 Summer Street, Lynnfield, Ma. | | | M | DPH Provi | der PIN#: | 11005 | | |

2019-2020 Flu Insurance Information Form

For children 18 years of age and younger:

| | Is Vaccine for Children (VFC) Program eligible: | |
|-----|---|---------|
| | Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid (includes MassHealth and HMOs etc.) | dicaid) |
| | Does not have health insurance | |
| ١ | ☐ Is American Indian (Native American) or Alaska Native | 1 8 |
| ١ | Is not VFC-eligible: | |
| ١ | Has health insurance and is not American Indian (Native American) or Alaska Native | |
| - 1 | | |

For Clinic/Office Use Only:

Signature of Vaccine Administrator:

| Date of Service | Vax Type | Vaccine Mfgr | State Supplied (Circle) | Preserv Free* | Lot No | Exp Date | Dose (mL) | Injection Route (Circle) | Injection Site (Circle) | Date On VIS | Date VIS |
|--------------------|--------------------------------|---------------------|-------------------------------|------------------|--------|----------|--------------|--------------------------------|----------------------------|----------------------|----------|
| | IIV4 | Sanofi Pasteur | No | Yes | | | 0.5 | IM | R Arm L Arm R Leg L Leg | 8/15/19 | |
| | LAIV4 | AstraZeneca | Yes | Yes | | | 0.2 | Intranasal | N/A | <mark>8/15/19</mark> | |
| | IIV4 | GlaxoSmith Kline | Yes | Yes | 2277M | 6/24/20 | 0.5 | IM | R Arm L Arm | 8/15/19 | |
| | IIV4 | GlaxoSmith Kline | Yes | Yes | | | 0.5 | IM | R Arm L Arm R Leg L Leg | | |
| | Fluzone High Dose (IIV3-HD) | Sanofi Pasteur | No | Yes | | | 0.5 | IM | R Arm L Arm | 8/15/19 | |
| | Fluad (allV3) | Seqirus | No | Yes | | | 0.5 | IM | R Arm L Arm | | |
| | Flublok (RIV4) | Sanofi Pasteur | No | Yes | | | 0.5 | IM | R Arm L Arm | | |
| | PCV13 | Pfizer | No | Yes | | | 0.5 | IM | R Arm L Arm | | |
| | PPSV23 | Merck | Yes No | Yes | | | 0.5 | IM SC | R Arm L Arm | | |

| Provider Name: <u>Lynnfield Board of Health</u> | MDPH Provider PIN#: _ | 11005 |
|---|-----------------------|-------|
| Provider Address: | | |
| 55 Summer Street, Lynnfield, Ma. 01940 | | |