Don’t Forget!

- You must be an employee, spouse, domestic partner or child enrolled in a University self-funded Anthem medical plan (Green, Gold or POS)
- Minimum age of 4 for children
- Insurance identification cards are required to access the flu vaccination clinic to ensure active University Faculty/Admin Pro medical plan enrollment
- Faculty/Admin Pro and other Non-Classified Staff not enrolled in a University Anthem medical plan may participate in the flu clinic for a fee of $25 per flu vaccination – cash, check or credit card is accepted at the time of service
- Additional information including required consent form is available at [www.hra.colostate.edu](http://www.hra.colostate.edu)
- Note: The FluMist nasal vaccine is not available

**FREE FLU SHOT CLINIC**

**Faculty & Admin Pro**

**Friday**
**October 25**
**Room 228 LSC**
**1 - 5 p.m.**

Sponsored By:

[Anthem](https://www.anthem.com)

Services Provided By:

[LifeHealth](http://www.lifehealth.com)

Good health is good business
Influenza Immunization Consent Form

Person Receiving shot

Last Name:                                                                   First Name:                                                     MI                   .
Date of Birth                                 Sex: □ M □ F                         Phone #:                                                               .
Street Address:                                                                       City                             State          Zip                          .

*** We ONLY accept your employer’s insurance - Check with nurse

☐ Anthem BCBS PPO          ☐ BCBS Minnesota     ☐ Rocky Mtn. Health Plan    ☐ CIGNA-Union      ☐ Medicare Part B
☐ Anthem BCBS HMO    ☐ BCBS Kansas City

**IF DIFFERENT THAN ABOVE

Patient’s Identification #: ___________________________________________ Group # __________________________

**Insured’s Full Name: __________________________  ** Insured’s DOB:  _________________

Insured’s Group #:  ____________________________       Insured’s Identification #: __________________________

**Insured’s Street Address :  _______________________________________________________

**Insured’s City, State, Zip:  _______________________________________________________

Patient’s relationship to insured:       Self □ Spouse □ Child □ Other □

PRECAUTIONS & CONTRAINDICATIONS

Have you ever had a flu shot before? □ Yes  □ No

Do you have a history of hypersensitivity to chicken eggs or egg protein? □ Yes  □ No

Do you have any hypersensitivity to any component of the vaccine, including thimerosal? □ Yes  □ No

Do you have a history of Guillain-Barre syndrome? □ Yes  □ No

Do you currently have a fever, respiratory illness or any other type of infection? □ Yes  □ No

Have you ever had a bad reaction to another vaccine? □ Yes  □ No

Please list the adverse reaction._______________________________________________________________

I have read/had explained to me the information about influenza and/or pneumonia as well as information regarding the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I agree that LifeHealth shall have no responsibility or liability if I contract influenza, pneumonia, other respiratory diseases, or suffer any other adverse reaction following administration of the flu shot.

Notice of Privacy Practices: The information on this consent form is the extent of information LifeHealth has about you. Information may be used and disclosed for insurance reimbursement purposes and to provide emergency treatment if an emergency develops as a result of this immunization. Any other release would require your authorization.

Signature of Responsible Person: _______________________________________________ Date: _____________________

ADMINISTRATIVE
Federal Tax ID: 20-5162032
Diagnosis Code: V04.81 Procedure Code: 90658
Medicare Provider Number: 808325

PROVIDER
LifeHealth, LLC
5951 S Middlefield Rd., Suite 102
Littleton, CO 80123

Payment via Cash, Check or Credit Card $______________

Influenza Vaccine Diagnosis Code: V04.81 Procedure Code: 90658
Injection Site (circle one):    LD       RD

Nurse’s Last name: __________________________
Mfg: Novartis Lot # __________________________

In Fluenza Immunization Consent Form

Clinic __________________________
Vis form 7/26/13

In Fluenza Immunization Consent Form