



Drive on thru, Prevent the Flu!

Get your flu shot while helping us practice our community emergency response plan!

Bicknell

Tuesday, Sept 22
3:30 - 6:30 pm
Bicknell EMS Shed

Nephi

Wednesday, Sept 23
11 - 5 pm
Nephi EMS Shed

Mt. Pleasant

Thursday, Sept 24
2 - 6 pm
Mt. Pleasant Fire Station

Monroe

Friday, September 25
4 - 6:30 pm
Monroe Fire Station

Fillmore

Monday, Sept 28
2 - 6 pm
Fillmore Fire Station

Richfield

Tuesday Sept 29
1 - 6 pm
Richfield EMS Shed

Salina

Wednesday, Sept 30
2 - 6 pm
Salina Fire Station

Junction

Thursday, Oct 1
4 - 6 pm
Piute High School

Eureka

Monday, Oct 5
4:30 - 7 pm
Eureka Fire Station

Manti

Tuesday, Oct 6
4 - 7 pm
Manti Fire Station

Gunnison

Wednesday, Oct 7
2 - 6 pm
Gunnison Fire Station

Delta

Thursday, Oct 8
2 - 6 pm
Delta Fire Station

No cost with most insurances, \$25 with no insurance.

We accept cash, check, cards, + HSA

- * Wear a short-sleeved shirt
- * Shorts for little ones
- * Fill out form on back to save time

(435)896-5451

www.centralutahpublichealth.org



Working for Healthy Communities



Central Utah Public Health Department Registration Form

Last Name:	First Name:	Female Male	Date of Birth	Age
Mailing Address:	City	State	Zip	Phone#
Race: Please circle one White Asian African American Alaskan Native Pacific Islander Native American Other				
Hispanic Yes No				
For Office Use Only				
VFC: Medicaid # _____	No Insurance	Native American/Native Alaskan		Chip
Adult Medicaid # _____	Medicare # _____	Medicare HMO Name _____		
Insurance: PEHP Select Tall Tree DMBA PCN EMI BCBS Humana PPO United TriCare Cigna Aetna	Insurance # _____ Group _____			
Name of Insured _____	Relationship _____			
Email Address _____	Insured Date of Birth _____			
Self Pay Amount: _____	Cash Check# _____	Credit Card Receipt # _____	CLERK'S INITIAL _____	

Please answer the following questions:

- | | | |
|--|------------|-----------|
| Is the person to be vaccinated sick today? | Yes | No |
| Does the person to be vaccinated have an allergy to eggs, gelatin, thimerosal or other vaccine component? | Yes | No |
| Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | Yes | No |
| Has the person to be vaccinated ever had Guillian-Barre Syndrome? | Yes | No |

Screener's Initials _____

I certify that the information I have provided is true and accurate. I have been given a copy and have read, or have had explained to me, the information contained in the Vaccine Information Statement about the disease. I have had a chance to ask questions, where were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) indicated be given to the person named above for who I am authorized to make the request.

I agree that the information form may be shared with schools, daycare centers, health care providers and others when deemed medically necessary.

I hereby release the Central Utah Public Health Department and their employees from all claims arising from such immunizations. I authorize Medicaid or insurance benefits to be paid to the Central Utah Public Health Department or its authorized agent and for CUPHD or its authorized agent to release information to Medicaid or insurance companies as necessary to claims, Medicare & Insurance. **I understand that I may be liable for all or a portion of the bill.**

Notice of Privacy Practices and Acknowledgement of Receipt Effective April 14, 2003

The notice of Privacy Practices tells you how CUPHD may use or disclose information about you. Not all situations will be described. CUPHD is required to inform you of our privacy practices for the information we collect and keep about you. **I have been given a copy of CUPHDS's Notice of Privacy Practices and have had a chance to ask questions about how information can be used.**

X _____ **Date** _____

Signature of patient or parent/guardian

FOR OFFICE USE ONLY:

Vaccine	Lot #	Dose	Site	Vaccinator Signature
VFC Flu 6-35 mo 90685		.25 mL	LVL RVL	
VFC Flu >3 yrs - <19 yrs 90686		.5 mL	LD RD	
Flu > 6 mo 90686		.5 mL	LVL RVL	
FluMist 90672		.5 mL	Nasal	
FluBlok 50-65 90673		.5 mL	LD RD	
Flu- High Dose 90662		.5 mL	LD RD	

TIME IN _____

TIME OUT _____