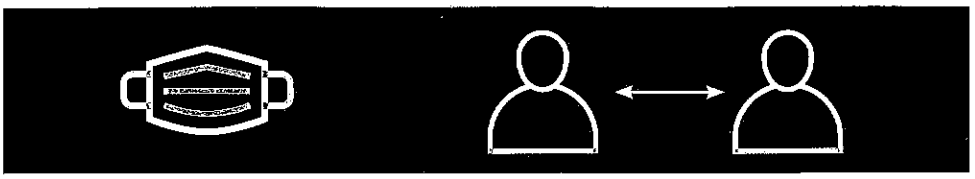
Community Flu and Pneumonia Immunization Program - 2020

A flu vaccine is recommended every year for anyone over 6 months of age.
Last year, Ascension Borgess immunized over 3,400 persons throughout southwest Michigan.

We will be following all of the Ascension Borgess COVID-19 guidelines. Each patient will undergo a temperature and questionnaire screening, be required to wear a mask and practice social distancing where possible. Our staff will also undergo the screening process and practice regular hand-washing procedures and cleaning/sanitizing supplies/tables/chairs.



All of our public sites are listed on the following pages. We offer both inside and drive-thru clinics. You do not need an appointment - everyone is taken on a first come, first served basis.

Our clinics were scheduled with the plan that facilities would be open to the public. Because COVID-19 may cause some facilities to be closed to the public, we suggest that you contact the site to confirm their facility will be open for the clinic.

Flu and pneumonia vaccines are FREE with most insurances. We accept Medicare (Part B), Medicare Advantage plans, as well as most other insurances. We are not able to accept any **Medicaid** or **Medicaid HMO** insurances. Anyone with **Medicaid** or **Medicaid HMO** insurance should contact their primary care physician for the immunization.

Vaccines Available: This year Ascension Borgess is recommending the quadrivalent high dose vaccine for those individuals who are 65 years of age or older.
If you are unsure which vaccine to choose, please talk with your primary care provider.

Flu Vaccines	**Pneumonia Vaccines**
High Dose Quadrivalent (65 years and up)	Pneumovax 23 (19 years and up)
Quadrivalent (6 months and up)	Prevnar 13 (19 years and up)
Quadrivalent FluMist Nasal Spray (2 years through 17 years)	

Informed Consent: Complete the included Informed Consent for anyone who is 9 years of age and older, and bring it with you to the clinic you choose to attend. Additional Informed Consents will be available at each clinic for all immunizations (9 years of age and older, 6 months to 8 years, Pneumovax 23 and Prevnar 13). Any questions about completing the form can be addressed when you arrive at the clinic.

The prices below indicate a discount for anyone without insurance who pays with cash or check at time of service. We are not able to accept credit or debit cards.

$38 Quadrivalent Flu	$90 Pneumovax 23
$58 Quadrivalent High Dose Flu	$135 Prevnar 13
$38 Quadrivalent FluMist Nasal Spray	

For additional information call 269-324-8466 or visit www.ascension.org/flushotkalamazoo

Ascension Borgess

Ascension Borgess Hospital

Flu Immunization Consent

Ages 9 years and older

Please Print

Last Name	First Name	Middle	Phone Number

Street Address	City	State	Zip Code

Birthdate	Age	Gender
____--____--____ Month Day Year		☐ Male ☐ Female

Name of Insurance (ex: Medicare, BCBS, United Healthcare, Priority Health, etc.)	
Member ID Number	Group Number (if available)
Provider Network (if available)	Policy/Contract Number

If insurance is not in patient's name, complete the following information

Insured's Name	Insured's Birthdate	Relationship to Insured
	____--____--____ Month Day Year	☐Spouse ☐Child

Please turn page over

Staff Use Only

Non-Insurance Payment Amount Paid: $_____ ☐Cash ☐Check #_____ ☐Bill Patient

Billing/payment information verified by _____ (initials) Clinic No. _____

☐ COVID-19 health screen questions answered ☐ Temperature checked

CONSENT FORMS

*CONSENT *

Ascension Borgess Hospital

Flu Immunization Consent

Ages 9 years and older

Patient Name _____

Please circle the correct answer to the right

1. Have you ever had a flu shot?	No	Yes
2. Have you ever had a life-threatening reaction to a flu shot?	No	Yes
3. Are you running a temperature of 101^0F or over?	No	Yes
4. Are you severely allergic to eggs, egg products, chicken or chicken dander?	No	Yes
5. Do you have a known allergy to contact lens solution or thimerosal (a mercury derivative)?	No	Yes
6. Have you ever been paralyzed by Guillain Barre Syndrome?	No	Yes
7. **Females** only - Are you or could you be pregnant? If **yes**, has your physician recommended that you receive a flu shot? No Yes	No	Yes
8. Have you ever received a pneumonia vaccine? ☐No ☐Yes If Yes, When? _____ (approx date)		

- **I have read and received a copy of the Inactivated Influenza Vaccine Information Statement prior to my vaccination.**
- **I understand the risks and benefits involved. I have had a chance to ask questions and you answered them to my satisfaction. I want you to give the vaccine to me.**
- **I agree to stay in the general area for fifteen (15) minutes after receiving my vaccination. This is to watch for any reaction that may occur right away. We can't ensure that immediate reactions will not occur. I understand that if I experience any unusual or severe side effects, it will be my responsibility to seek emergency care or follow up with my personal physician at my expense.**
- **The Ascension Borgess Notice of Privacy Practices gives you information about how we use and disclose medical information about you. By signing this form, you are acknowledging that a copy was made available to you.**
- **Per Michigan Law, I am aware that Ascension Borgess may test my blood for HIV (AIDS virus), Hepatitis or other infectious diseases if a healthcare worker is exposed to my blood or body fluids during this vaccination process.**
- **I agree to reimburse Ascension Borgess if my medical insurance plan rejects payment.**

Patient Signature *If patient is under 18 years of age or physically unable, the person authorized to make this request for patient listed above.*	*Relationship to person receiving vaccine if patient not signing.*	Date	Time
_____	_____	_____	_____

Staff Use Only Administered by _____ (Nurse Signature / Title) _____ (Date) _____ (Time)

☐ Sanofi Fluzone High Dose (65 yrs and up) 0.7 ml ☐ Seqirus Afluria 0.5 ml **Injection Site:** Deltoid

☐ GSK Flulaval 0.5 ml ☐ GSK Fluarix 0.5 ml ☐ Left ☐Right

Lot Code: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **F** ☐ **G** ☐ **H** ☐ **I** ☐ **J**