



2016 Seasonal Flu Clinic Schedule

Walk in clinics- no appointment necessary, No Co-pay
All ages 6 months and over are welcome

- Wednesday, September 28- Hebron Gilead School, 580 Gilead Street, 3-6 pm
- Monday, October 3 – Marlborough Richmond Memorial Library, 15 School Dr, 4-6 pm
- Wednesday, October 5 – Colchester Senior Center, 95 Norwich Ave, 1-4 pm
- Wednesday, October 5 – Portland Library, 20 Freestone Ave, 4:30-6:30 pm
- Wednesday, October 12 – Colchester Senior Center, 95 Norwich Ave, 1-4 pm
- Wednesday, October 12 – Colchester Town Hall, 127 Norwich Ave, 4-6 pm
- Monday, October 17 – East Haddam Nathan Hale-Ray High School, 15 School Dr, 3-6 pm
- Wednesday, October 26 – East Hampton, Sears Park Pavilion, 20 East High St, 9-11 am
- Wednesday, October 26 – East Hampton High School, 15 North Maple St, 3:30-6:30 pm
- Monday, November 14 – East Haddam Nathan Hale-Ray High School, 15 School Dr, 4-6pm

Please bring a copy of your insurance card and a filled out, printed copy of the Influenza Vaccination Consent Form for each person receiving a vaccination. This is found on our website at www.chathamhealth.org.

The Following Health insurances are Accepted: Medicare (Part B); ConnectiCare; Aetna; Cigna; Anthem Blue Cross and Blue Shield; HUSKY and Medicaid. People who are covered by these insurance plans must bring their cards to the clinic. Persons with other health insurance must pay with cash or check. Please note that UnitedHealthcare and other insurances are not accepted. Call the Chatham Health District at 860-365-0884 for more information.

Proof of vaccination will be available for daycare records.



2016-2017 Influenza Vaccination Consent

PLEASE PRINT CLEARLY

Last Name		First Name	
Street Address	Town	Zip Code	
Phone #	Date of Birth	Age	Sex
Email Address			

Method of Payment: Insurances that are accepted: Medicare Part B, ConnectiCare, Aetna, Cigna, Anthem BC/BS. Other forms of payment accepted are cash or check.

Insurance (Fill out insurance info below)

Cash or Check

Check primary insurance carrier below:

Medicare Plans:

Non-Medicare Plans:

Insurance ID# (primary insurance):

Medicare Part B

ConnectiCare (non-Medicare)

Medicare ConnectiCare

Anthem BC/BS (non-Medicare)

Medicare Anthem BC/BS

Aetna (non-Medicare)

Medicare Aetna

Cigna (non-Medicare)

Medicare Cigna

Husky A,B,C,D

Insurance - please hand card(s) to clerk. **Please bring a copy of insurance card BOTH FRONT AND BACK of card to clinic.** *(For families coming together please bring a copy for each individual patient.)*

All questions pertain to the person to be vaccinated today:	YES	NO
1. Do you have an allergy to eggs or any component of the flu vaccine?		
2. Have you ever had a serious reaction to the flu vaccine?		
3. Are you sick or have a fever?		
4. Ever been diagnosed with the paralyzing neuromuscular disease Guillain-Barre Syndrome?		

I have received a copy of the Vaccine Information Statement (VIS 8/7/2015) about seasonal influenza and the influenza vaccine.

Patient or Parent Signature: _____ **Date:** _____

To Be Completed by Administering Nurse:

Manufacturer, Lot Number & Expiration Date:

Injection given: .25 ml IM Pediatric 0.5 ml IM Highdose IM

Site Administered: RD LD RT LT

Nurse Signature

Date