

County: _____

Date: _____

FEIN: 550619203

Mid-Ohio Valley Health Department

NPI: 1528092383

Acct #: _____

**INFLUENZA VACCINE
REGISTRATION FORM**

AGE: _____

WWW.MOVHD.COM 

WOOD COUNTY: 211 6TH Street Parkersburg
ROANE COUNTY: 200 E. Main Street Spencer
PLEASANTS COUNTY: 605 Cherry Street St. Marys

WIRT COUNTY: Lower Washington Street Elizabeth
RITCHIE COUNTY: 125 W. Main Street Harrisville
CALHOUN COUNTY: 300 Mill Street Grantsville

PERSONAL INFORMATION: PLEASE PRINT CLEARLY

NAME: last: _____ first: _____ middle: _____

ADDRESS: _____ city: _____ state: _____ zip: _____

HOME#: _____ CELL#: _____ Birth Date: _____

Last 4 SS #: xxx-xx-() _____ May we contact you? ___ YES ___ NO Sex: Male or Female

INSURANCE INFORMATION: MUST PRESENT INSURANCE CARD(S)

___ PEIA ___ BCBS ___ WV Medicaid ___ Aetna Better Health ___ Unicare ___ Healthplan ___ Medicare

___ United Healthcare ID #: _____ Group #: _____ Insured Name: _____

Insured DOB: _____ Medicare #: _____ Advantage Plan Name & #: _____

Are you sick today? ___ Yes ___ No Have you ever had a serious allergic reaction to eggs? ___ Yes ___ No

Have you ever had Guillain-Barre syndrome? ___ Yes ___ No Ever had a reaction to flu shot in the past? ___ Yes ___ No

THE FOLLOWING STATEMENTS REQUIRE YOUR SIGNATURE:

I have been given a copy and have read or have had explained to me the VIS (vaccine information sheet) about Influenza Virus Vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that this be given to me or to the person named above for whom I am authorized to make this request.

I acknowledge that I understand the *Notice of Privacy Practices* and understand how my protected health information is used and/or disclosed for the purposes of treatment, payment, and health care operations.

For Medicare Recipients: I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits be release to MOVHD who accepts assignment. I understand that any deductibles, co-payments or any portion of this claim that is denied by my insurance carrier is my responsibility and is due and payable to Mid-Ohio Valley Health Department.

My signature on this document verifies that I have read and understand the above information. To the best of my knowledge and belief, the information I have provided concerning insurance is true, correct and complete. Federal law prohibits falsification of this information. **PATIENT'S BILL OF RIGHTS:** I have reviewed a copy of the Patient's Bill of Rights and have had my questions answered.

X _____
Signature of Patient/Parent/Legal Guardian Date

Signature of MOVHD staff

FLU VACCINE: Z23

PRIVATE: _____ STATE: _____

___ 90686-Flu 6 months & older (pres. free-syringe or single dose)

___ 90662-Flu High Dose 65 & older

Flu Lot#: _____ Expires: _____ Site: _____

Today's Charge: \$ _____ Check #: _____

Payment Amount: \$ _____ Cash: _____

Adjustment Amount: \$ _____ Receipt #: _____

Total Due: \$ _____ Credit Card: _____

FLU LABEL

Provider's Signature: Dr. Charles F. Whitaker, III

Date: _____

To: All Students and Parents

From: Alisa Shepler, RN – School Nurse

Jenny Mullen, RN – Mid-Ohio Valley Health Department

We are pleased to announce the Ritchie County Commission has again provided funding for FREE FLU VACCINES for Ritchie County Students. Students will be immunized Wednesday, October 27 at their school (please refer to schedule below). Parents are not required to be with their student; However, parents may attend if they choose. A completed consent form will be REQUIRED the day vaccines are given (located on the back of this letter).

Please consider thanking our county commissioners if you are given the opportunity for the funding allowing this opportunity to be scheduled. Flu season each year creates many absences. Flu shots and frequent hand washing are two important factors in preventing the spread of viruses including influenza.

School	Time & Location
Creed Collins Elementary	8:30-9:30 – office
Harrisville Elementary	10:00-11:00-office
RCMS/RCMS	Week of 10/27/21 in school nurse's office
Smithville Elementary	1:15-1:45-office
Board Office	2:30-3:00

***** PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO SCHOOL NO LATER THAN MONDAY, OCTOBER 4 *****

*****IF YOU DO NOT WANT YOUR CHILD TO RECEIVE A FLU SHOT, PLEASE DO NOT COMPLETE THIS FORM*****

*Students who are absent from their school on the day of the flu clinic may receive it for free at the health department in Harrisville. Please contact (304) 643-2917 to schedule an appointment.

*Only injectable vaccine available. No nasal spray is available.

*If your child does not have a consent form signed by a parent they will not be permitted to receive their flu vaccine.

**2021 Influenza Vaccine Consent Form
RITCHIE COUNTY SCHOOL STUDENTS**

Section 1: Student Information (Please Print)

SCHOOL NAME: _____

Student Name (Last)	(First)	(M.I.)	Student Date of Birth: Month ____ day ____ year ____	
Parent/Legal Guardian Name (Last)	(First)	(M.I.)	Student Age:	Circle One: Male Female
Address: _____			Parent/Legal Guardian Daytime phone #'s: _____	
City: _____ State: _____ Zip: _____			_____	

Section 2: Screening Eligibility

The following questions will help determine if your child can get the 2021 Influenza Vaccine. Mark "yes" or "no" for each question. If you answer "no" to all five questions, your child can receive the influenza vaccine. If you answer "yes" to one or more of the following five questions, your child cannot receive the vaccine without written approval from your child's doctor.

	YES	NO
Does your child have a serious allergy to eggs?		
Does your child have any other serious allergies that you know of? Please list: _____		
Has your child ever had a serious reaction to a previous dose of flu vaccine?		
Has your child ever had Guillain-Barre' Syndrome (a type of temporary severe muscle weakness) within six weeks after receiving flu vaccine?		
Is your child sick or on antibiotics to treat an illness?		

Section 3: Consent/Permission

I have read or had explained to me the 2021-2022 Vaccine Information Statement available at www.movhd.com and understand the risks and benefits of influenza vaccine.

I give consent to the Mid-Ohio Valley Health Department (MOVHD), its staff, and Ritchie County Schools for my child named at the top of this form to be vaccinated with this vaccine.

I understand the provider of these immunizations may release this record to other medical or school personnel for the purpose of determining emergency or other medical needs or providing a record of compliance with applicable school laws/child care regulations.

I acknowledge that I have been referred to the MOVHD website at www.movhd.com to view a copy of the MOVHD Notice of Privacy Practices. This Notice of Privacy Practices explains how my protected health information is used and/or disclosed for purposes of treatment, payment, and health care operations.

X Signature of Parent/Legal Guardian: _____ Date: _____

If this consent form is not signed, dated, and returned, your child will NOT be vaccinated at school.

FLU VACCINE: (16/008) (10471 v. 04.81)

8085/02038 (Medicare) 3+ & older (pre-filled syringe)

Flu Vaccine Lot: _____

Site: _____

***ONLY INJECTABLE VACCINE AVAILABLE—NO NASAL SPRAY AVAILABLE**

Provider's Signature: _____

Date: _____

**ATTENTION: IF YOUR CHILD DOES NOT HAVE A CONSENT FORM SIGNED BY A PARENT
THEY WILL NOT BE PERMITTED TO RECEIVE THEIR FLU VACCINE.**