



Flu Event
Vaccination Consent Form
Flu Shot Services
June 2018

CHC Wellbeing Flu Shot Services

LOGIN

- Go to <https://noflu.chcw.com>
- Enter the *Flu Program Code* located on the marketing materials and click *Go*



Flu Shot Services


CHC Wellbeing © 2018

EVENT LOCATION

- Click the drop-down list to display available events in the *Event Location* window.

Event location

Event Location

Please select a location 

- A single site event will not have a drop-down list

Event location

Event Location

Office (31 Oct 2018, 8:00AM - 10:00AM)

- Select the event you wish to attend.

Please select a location

Please select a location

CHC Office 5440 N. Cumberland Ave. Chicago IL 60656 (23 Oct 2017, 8:00AM - 10:00AM)

CHC Wellbeing 5440 N Cumberland Ave 2nd Floor Conference Room Chicago IL 60656 (30 Oct 2017, 1:00PM - 3:00PM)

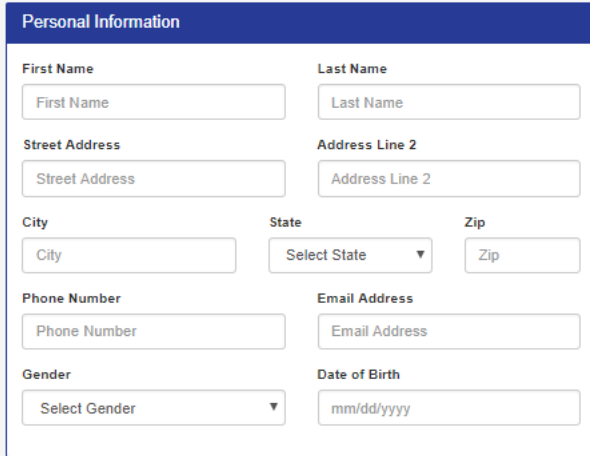
Event location

Event Location

CHC Office 5440 N. Cumberland Ave. Chicago IL 60656 (23 Oct 2017, 8:00AM - 10:00AM)

PERSONAL INFORMATION

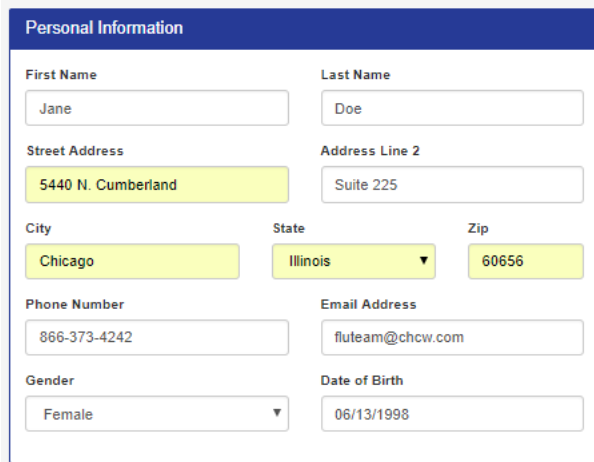
- Populate each field in the *Personal Information* section



Personal Information

First Name <input type="text" value="First Name"/>	Last Name <input type="text" value="Last Name"/>	
Street Address <input type="text" value="Street Address"/>	Address Line 2 <input type="text" value="Address Line 2"/>	
City <input type="text" value="City"/>	State <input type="text" value="Select State"/>	Zip <input type="text" value="Zip"/>
Phone Number <input type="text" value="Phone Number"/>	Email Address <input type="text" value="Email Address"/>	
Gender <input type="text" value="Select Gender"/>	Date of Birth <input type="text" value="mm/dd/yyyy"/>	

- Information will auto-populate for those who have previously registered

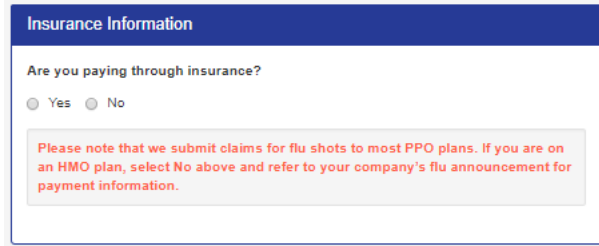
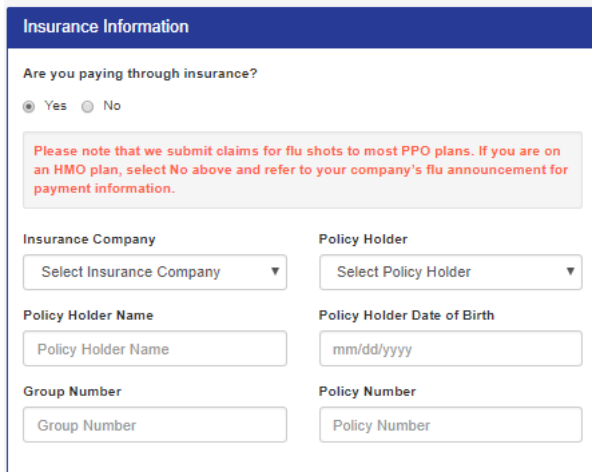


Personal Information

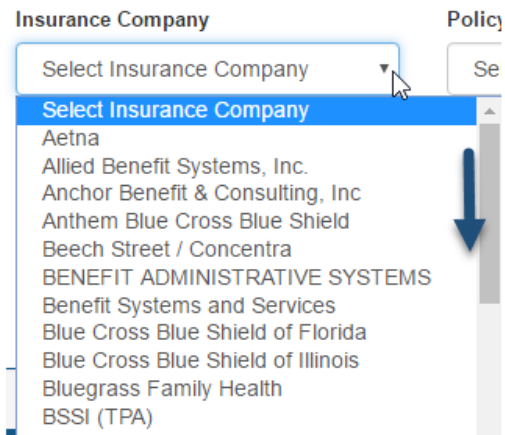
First Name <input type="text" value="Jane"/>	Last Name <input type="text" value="Doe"/>	
Street Address <input type="text" value="5440 N. Cumberland"/>	Address Line 2 <input type="text" value="Suite 225"/>	
City <input type="text" value="Chicago"/>	State <input type="text" value="Illinois"/>	Zip <input type="text" value="60656"/>
Phone Number <input type="text" value="866-373-4242"/>	Email Address <input type="text" value="fluteam@chcw.com"/>	
Gender <input type="text" value="Female"/>	Date of Birth <input type="text" value="06/13/1998"/>	

PAYMENT INFORMATION

- ***Paid by* INSURANCE - YES**
 - Select the Yes radio button and complete the following fields
 - Information will auto-populate for those who have previously completed this information

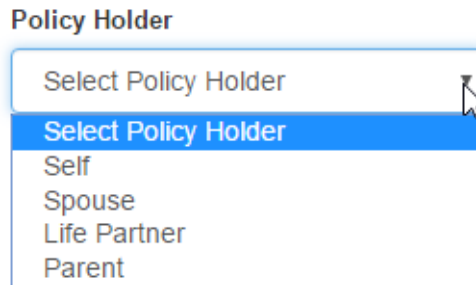



- ***Insurance Company*** - Click the drop-down list to display available insurance companies using the side bar until you display the respective name and select your choice



- ***Policy Holder*** – Click the drop-down list to display available options and select your choice

Policy Holder

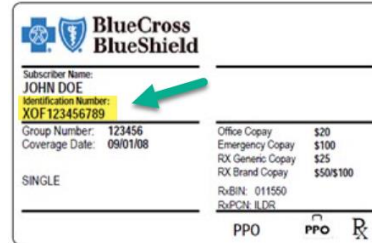


- *Policy Holder Name* will auto-populate based on information in *Personal Information* section (if you selected 'self')
- *Policy Holder Date of Birth* will auto-populate based on information in *Personal Information* section (if you selected 'self')
- *Group Number* – Enter number as displayed on your insurance card

Group Number

- *Policy Number* – Enter number as displayed on your insurance card

Policy Number



• ***Paid by INSURANCE - NO***

- If you select the *No* radio button you may proceed to the next section by clicking *Continue*

Insurance Information

Are you paying through insurance?


Yes No


Please note that we submit claims for flu shots to PPO and High Deductible insurance plans only. If you are on an HMO plan, select No above and see your company's flu announcement for payment information.

▶ Continue...

COMPLETE REGISTRATION

- Your Information will be presented one last time for your review on the confirmation page
- Click on the **red** bar *Submit to complete registration*

 **Flu Shot Signup** CHC Wellbeing Home

 Please review the information you have provided and complete registration by clicking on the submit button below.

[▶ Submit to complete registration](#)

Event location

Event Location
Office (31 Oct 2018, 8:00AM - 10:00AM)

Personal Information

First Name Jane	Last Name Doe	
Street Address 5440 N. Cumberland	Address Line 2 Suite 225	
City Chicago	State Illinois	Zip 60656
Phone Number 866-373-4242	Email Address fluteam@chcw.com	
Gender Female	Date of Birth 06/13/1998	

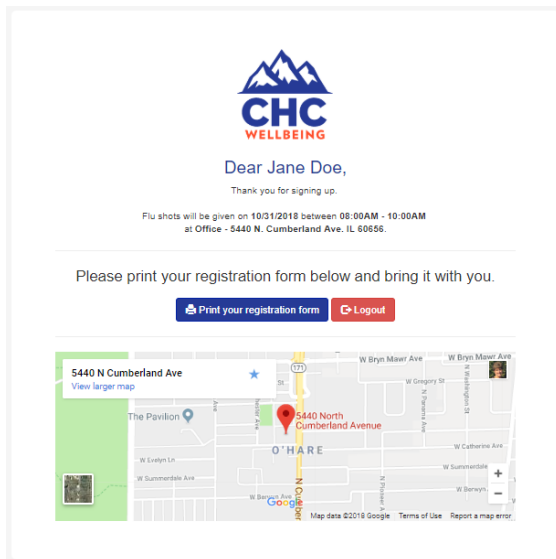
Insurance Information

Are you paying through insurance?
No

Please note that we submit claims for flu shots to most PPO plans. If you are on an HMO plan, select No above and refer to your company's flu announcement for payment information.

[▶ Submit to complete registration](#)

- Click *Print your registration form* button to print the *Vaccination Consent Form* and remember to bring this with you to the event
- Click *Logout* when you are finished.



VACCINATION CONSENT FORM
 Location: Office (31 Oct 2018, 08:00AM-10:00AM)
 5440 N. Cumberland Ave. Chicago IL 60656

First Name: Jane Last Name: Doe Date of Birth: 06/13/1998 Female Male

Address: 5440 N. Cumberland Suite 225 Chicago IL 60656

Phone Number: 866-373-4242 Email Address: fluteam@chcw.com Employer Name: CHC Wellbeing

Credit Card Insurance Cash Check # _____ Voucher \$ _____ Total Collected _____

Visa / MC _____
 Credit Card Type _____ Credit Card Number _____ Expiration Date _____ Auth Code _____ Name as it appears on the credit card _____

CHC does not bill Medicare, Medicaid, Tricare, or HMO plans.

PPO[POS/HCA/HSA]
 Insurance Type _____ Insurance Provider _____ Insurance ID # _____ Group # _____

Responsible Party Name _____ Responsible Party Date of Birth _____

Do you have allergies or sensitivity to eggs, egg products, chicken proteins, vaccine components, latex products or Thimerosal? (Thimerosal is a mercury derivative used as a preservative) Yes No

Do you have a history of Guillain-Barre syndrome? (A neurological disorder causing temporary paralysis) Yes No

Have you had an allergic reaction after a previous vaccination? (i.e. trouble breathing or tightening of the throat) Yes No

Do you currently have an elevated body temperature? To be asked by nurse and answered prior to being administered a flu shot Yes No

Are you currently pregnant or nursing? To be asked by nurse and answered prior to being administered a flu shot Yes No

PNEUMONIA
 Have you ever had a pneumonia shot? Yes, more than 5 years ago Yes, less than 5 years ago Not sure Never

PLEASE READ CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT BY SIGNING BELOW
 You may experience a mild reaction to the vaccination. If serious symptoms begin to occur: (swallowing of the throat, inability to breathe, etc.) YOU MUST SEEK MEDICAL ATTENTION IMMEDIATELY. The answers given above are true and correct to the best of my knowledge and I know of no reason why I should not receive this influenza and/or pneumonia vaccination. CHC Wellbeing, Inc. ("CHC") fully complies with HIPAA to protect your privacy rights. A copy of our privacy policy is available upon request.

I hereby consent to have the influenza and/or pneumonia vaccinations administered to me by CHC and agree to pay for such services to the extent such services are not covered by my employer or insurance provider. I hereby agree to release and hold harmless CHC, its officers, directors, employees, affiliates, program sponsors and agents, including this facility and its owners/operators, and their officers, directors and employees from all liability for any adverse reaction that may occur as a result of this vaccination. This release shall be binding upon my heirs, assigns, executors, administrators, and personal representatives.

*CHC does not accept Medicare, Medicaid, Tricare, or HMO plans. Payment is due at the time of service.
 **If you are electing insurance as your payment method, and your insurance company does not cover the claim, you will be responsible for the payment to CHC.

Signature _____ Date _____

Thimerosal	Preservative Free	Write Lot #	Write Expiration Date	# of L or R Dosed	Sign & Date
<input type="checkbox"/> Quadrivalent Influenza	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> High Dose Influenza	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Injection site: <input type="checkbox"/> Left <input type="checkbox"/> Right

Have a label when available and place near type of vaccine administered.

Nurse Signature _____ Date Administered _____

5440 N Cumberland Ave Suite 225 Chicago, IL 60656 P: 847-242-3377 Email: fluteam@chcw.com Web: flu.chcw.com

Remember:

1. Bring the **Vaccination Consent Form** to the screening
 - a. You will be asked five questions
 - b. You will be asked to sign and date the form
2. Bring a **photocopy of your insurance card** if we will be billing your insurance.
 - a. We will retain a copy of the insurance card to ensure we have all the correct insurance information