

Join us for the Southborough Health Department’s annual **FLU CLINIC** hosted in the Senior Center! High dose vaccine recommended for adults 65 and older will be available as well as regular flu vaccine. As we age our immune system weakens, and the high dose flu vaccine increases our immune response when 65+ individuals come in contact with the influenza virus. The flu virus can lead to significant complications such as pneumonia, but complications increase even more for seniors and children. If you have any questions or concerns regarding influenza or the flu vaccine you can contact the Health Department at 508-281-8983 or Nurse Leslie during her office hours on Monday and Friday. **Attached you will find the form to fill out for the clinic this year; please fill out and return to Senior Center with a copy of your insurance cards.** You can also go online to register, at <https://tinyurl.com/southborofluclinic> ! The time on your registration is the time of your appointment, there will be no walk-in appointments available at this time. If you fill out the paper form, the Health Department will call to schedule a time with you.

Please call us for help with registration if you would like, at 508-481-3013.

P.S. Don’t forget to wear short sleeves!

2021-2022 INSURANCE INFORMATION FORM

The completion of this form is necessary for every vaccine recipient

Name: (Last, First, MI)*		Date of birth: * ____ _ Month Day Year		Age*	Sex: (Circle)* Male Female
Street Address:*					
City:*	State: *	Zip:*	Phone: * ()		

Information about the person to receive vaccine (please print): ***Required Fields**

If person getting vaccinated is NOT the insurance subscriber, please complete the following:

Subscriber’s Name: (Last, First, MI)*		Subscriber’s Date of Birth: * ____ _ Month Day Year		Sex: (Circle)* Male Female
Subscriber’s Street Address: * (If different from address above)				
City:*	State:*	Zip: *	Phone: * ()	
Patient Relationship to Subscriber: (Circle)* Spouse Child Other				

I give permission for my insurance company to be billed.

X _____ Date: _____
(Signature of patient, parent or legal guardian)

INFORMED CONSENT

I have read the Department of Health fact sheet about the **Inactive Influenza**. I have had the opportunity to ask questions and understand the benefits and risks of the vaccine. I understand the benefits and possible side effects of the Flu vaccine and request that it is given to me or the person named below of whom I am the parent or legal guardian.

I agree to hold harmless the Southborough Health Dept., the Town of Southborough and its employees and agents and their heirs and assigns, for any adverse result.

I agree to hold harmless the Southborough Health Dept., the Town of Southborough (Southborough Health Dept. & Southborough Council on Aging) and its employees and agents from any and all personal injuries that may occur as a result of this vaccine.

Signature of Person to receive the Vaccine or Legal Guardian

Date

PARTICIPANT INFORMED CONSENT

Are you allergic to eggs or egg products? No Yes

Have you ever had an adverse reaction to flu vaccine? No Yes

Please list the adverse reactions: _____

Have you ever been paralyzed with Guillian-Barre Syndrome? No Yes

Contact your personal physician before taking this vaccine if you answer "YES" to any of the above questions.
