GRAND VALLEY STATE UNIVERSITY
www.gvsu.edu

G# Last Name First Name Maiden/previous name

Address City Zip Code

Phone Number Birth Date Age Gender

GVSU Status: Faculty ☐ Staff ☐ Spouse ☐ Retiree ☐

Dependent of GVSU Faculty/Staff ☐ GVSU Student ☐ Benefit Eligible?_____ Y/N

1. Do you have an allergy to eggs? Yes ☐ No ☐
2. Are you currently ill with a fever? Yes ☐ No ☐
3. Have you ever had a severe reaction to a flu shot? Yes ☐ No ☐
4. Have you ever been diagnosed with Guillian-Barre Syndrome? (a neurological condition that causes weakness or paralysis) Yes ☐ No ☐
5. Are you 65 or older? Yes ☐ No ☐

I have read or have had the information about influenza and the influenza vaccine explained to me. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request the vaccine to be given to me or to the person named, for whom I am authorized to make this request. I authorize the GVSU Family Health Center to release medical information required to process this claim. I hereby assign my insurance benefits to be paid directly to the provider and understand that I am financially responsible for all non-covered services.

_____ _____

Signature of Patient (or Parent/Guardian of Minor) Date

For Office Use Only:

Site given: Right Deltoid IM Left Deltoid Right Thigh IM Left Thigh IM

Administered by:_____

Payment: Credit Card ☐ Cash ☐ Insurance Billed ☐

GVSU Family Health Center • 72 Sheldon Blvd. SE
Grand Rapids, MI 49503 • Phone: (616) 331-9830 • Fax: (616) 331-9831