## CHILDREN'S INFLUENZA (FLU) VACCINE REGISTRATION / CONSENT FORM Burlington County Health Department



LEASE PRINT CLEARLY					
NAME (least firest)					

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McDICARE Part B # (Include all letters)       Additional Insurance         Please Answer The Following Questions:       Yes       No       BCHD         1       is the person to be vaccinated six today?       Image: Comparison of the second set of the se	CITY DITWIN DITRIPLET DQUADRUPLET AGE									
(Include all letters)         Preserver The Following Questions:       Yes       No.       BCHD         1       Site person to be vaccinated six today?	PH	PHONE The BIRTH COUNTRY: DATE OF BIRTH								
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the person to be vaccinated.   Signature:   Construction     Signature:     Date     Date     Postion     OFFICIAL USE ONLY     SANOFI PASTEUR, INC   Fluzone Quadrivalent SML MDV   NDC 5-4-2: 49281-0633-15   Lot # UJ475AB   Expiration 6/30/2021   Clinic Location:      Vis Publication Date:     8/15/2019   Date	<ul> <li>For myself and for the individual on whose behalf I am signing to receive the influenza vaccine hereby release the Burlington County Board of Chosen Freeholders, County Health Department and their employees, servants, representatives, officers, and agents (together, the "Indemnities") from any liability for giving the individual on whose behalf I am signing the influenza vaccination. I agree to indemnify, defend, and hold the indemnities harmless from any claim made by any person, (including the individual on whose behalf I am signing). If the individual on whose behalf I am signing to fat individual and authorize that individual's Medicare Part B eligible, I authorize Burlington County to bill Medicare Part-B for the immunization of that individual and authorize that individual's Medicare benefits to be paid directly to the Burlington County Health Department.</li> <li>My Signature on this form means that all of the information provided in this Application and Consent Form are true to the best of my knowledge. I understand that this form and my signature below are binding on me and my heirs, successors and personal and legal representatives as well as</li> </ul>									
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