



IMMUNIZATION VISIT CONSENT

NURSING IMMUNIZATION

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Office Use Only	
VFA/VFC Status	Employer Responsible
LOCATION:	
<input type="checkbox"/> 03 School <input type="checkbox"/> 12 Home (Medical Condition/Home Bound)	
<input type="checkbox"/> 04 Homeless <input type="checkbox"/> Other _____	
**RETURN DATE _____	

There are charges for the services provided for you. These charges may be submitted to your insurance. Payment is requested at the time of your visit (unless insurance is submitted).

PRINT Last Name	First Name	Middle Initial	Former/Maiden Name	Gender	Date of Birth	Age
Address		City		State		Zip
Cell Phone Number		Home Phone Number		Work Phone Number		Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Race: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian						
Email Address	Check all the ways we may contact you (by checking the box, you are giving consent) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text Message (outgoing only) <input type="checkbox"/> Email				Okay to leave message <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact Information

In Case of Emergency, Contact	Patient's relationship to	Phone Number
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Do you have insurance?

Yes No

**Does your insurance cover immunizations at
Fargo Cass Public Health?**

Yes No

**Does your insurance cover routine
immunizations?**

Yes No

PRIMARY INSURANCE INFORMATION

Name of Insurance Company	Policy Number
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SECONDARY INSURANCE INFORMATION

Name of Insurance Company	Policy Number
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ACKNOWLEDGEMENT, AUTHORIZATION & ASSIGNMENT OF BENEFITS

Information collected on this form will be used to document authorization for receipt of vaccine(s). Relevant information collected may be shared through the North Dakota Immunization Information System (NDIIS) with other entities in accordance with North Dakota Century Code 23-01-05.3. I also authorize the release of medical information necessary to process an insurance claim and authorize payment of medical insurance benefits to Fargo Cass Public Health. I agree to pay any outstanding balance due to Fargo Cass Public Health. By signing this, you have also received Fargo Cass Public Health's HIPAA statement.

X

SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

Date

CPT	VFA or Private	DESCRIPTION	Dosage	NDC Manufacturer	LOT #	EXP	LOCATION	IM	VIS DATE
90632	VFA Private	Hepatitis A (HAVRIX)	1.0mL	58160.0826.52 GSK			LA LT RA RT	IM	01/31/25
90739	VFA Private	Hepatitis B (HEPLISAV)	0.5mL	43528.0003.05 Dynavax			LA LT RA RT	IM	01/31/25
90651	VFA Private	HPV-9 (GARDASIL)	0.5mL	00006.4121.01 Merck			LA LT RA RT	IM	08/06/21
90734	VFA Private	MCV 4 (MENVEO)	0.5mL	58160.0827.30 GSK			LA LT RA RT	IM	01/31/25
90620	VFA Private	Men B (BEXSERO)	0.5mL	58160.0976.20 GSK			LA LT RA RT	IM	01/31/25
90707	VFA Private	MMR (MMR II)	0.5mL	00006.4681.00 Merck			LA LT RA RT	IM	01/31/25
90611	VFA Private	MPox (JYNNEOS)	0.5mL	50632.0001.02 Bavarian Nordic			LA LT RA RT	IM	01/31/25
90677	VFA Private	PCV 20 (PREVNAR)	0.5mL	00005.2000.10 Pfizer			LA LT RA RT	IM	05/12/23
90713	VFA Private	Polio (IPV – IPOL)	0.5mL	49281.0860.10 Sanofi Pasteur			LA LT RA RT	IM	01/31/25
	VFA Private	RSV (ABRYSVO) <input type="checkbox"/> Gest 32-36 wk	0.5mL	00069.2465.01 Pfizer			LA LT RA RT	IM	01/31/25
90679	VFA Private	RSV (.5mL) (AREXVY)	0.5mL	58160.0848.11 GSK			LA LT RA RT	IM	01/31/25
90750	VFA Private	Shingles (SHINGRIX)	0.5mL	58160.0823.11 GSK			LA LT RA RT	IM	02/04/22
90715	VFA Private	TDaP (BOOSTRIX)	0.5mL	58160.0842.52 GSK			LA LT RA RT	IM	01/31/25
90716	VFA Private	Varicella (VARIVAX)	05.mL	00006.4827.00 Merck			LA LT RA RT	IM	01/31/25
90662, PH25	S P	FLUZONE HIGH DOSE	0.7mL	49281.0125.88		06/30/2026	LA LT RA RT	IM	01/31/25
90656, PR25 SR26	S P	Fluarix	0.5mL	58160.0912.41		06/30/2026	LA LT RA RT	IM	01/31/25
90656, PL25 SL25	S P	Flulaval	0.5mL	19515.0904.41			LA LT RA RT	IM	01/31/25
90660, PM25 SM25	S P	Flu Mist	0.2mL	66019.0112.00			NASAL		01/31/25
90673	PB25	FLUBLOK	0.5mL	49281.0725.88		05/31/2026	LA LT RA RT	IM	01/31/25
90656 PZ25 SZ25	S P	FLUZONE	0.5mL	49281.0425.88			LA LT RA RT	IM	01/31/25
91323, P25 S25	S P	Covid 19 (mNexspike)	0.2mL	80777.0400.17 Moderna			LA LT RA RT	IM	01/31/25
91322, P25/S25	S P	Covid 19 (Spikvax)	0.5mL	80777.0112.96 Moderna			LA LT RA RT	IM	01/31/25

Last Updated: 12/04/2025

Standing orders for vaccines are provided by Jessie Lindemann, MD

PATIENT NAME:

BD:

X

Signature of administering RN

Date Administered