

Child and VFC Flu Consent Form

Courthouse Annex 116 N. Second Ave. Logan, IA 51546 Ph: (712) 644-2220

Amount Paid:	
Cash or Check #:	
Make checks p	ayable to HCHPH

	Name:		First	Middle Init	Birth Date: / Date Ye
City:	···	State:	Zip:	Pho	one #:
Male	Female	Physician's	s Name:		
	Li Lin V.	A1.			uenza vaccine? Yes No
PAYMEN	J.T				
The cost will					
	has private insura	nce.			
	is enrolled in haw				
(If enrolled	in Hawk-i, the flu vac	cine may be obtain	ed through your pl	nysician as a cover	ed service.)
To qualify fo	rvaccination at N	O COST through	rh the Vaccines	For Children (VI	C) program one of the following
apply (check		o cost anoug	gir trie vaccines	roi Cimaten (Vi	c) program one of the following
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∏My child i	s enrolled in Med	icaid. Medicaid	ID #:		
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