

Drs. Roth, Rotter & Laster
2020 Flu Clinic "Ticket"

Before you come for your flu shot appointment, make sure you are safe and healthy to come. Please reschedule your flu shot appointment if you are sick, if anyone in your household is sick, or if you have traveled and have not yet completed your return from travel quarantine.

Use these questions as a guide. (Circle one)

In the last 14 days, have you or anyone living in your household had a diagnosis of COVID-19 or been in close contact with anyone diagnosed with COVID-19?	Y / N
If yes, was the contact limited to working in a healthcare environment or as a first responder while wearing appropriate protective equipment?	Y / N
Within the last 3 days have you or anyone in your household had any of the following symptoms: fever, chills, body aches, fatigue, cough, difficulty breathing, sore throat, congestion, runny nose, nausea, vomiting, diarrhea, new headache, or loss of taste or smell?	Y / N
Have you returned from out of state travel from a state other than Connecticut, NH, or Maine in the last 14 days?	Y / N
If yes have you completed your 14 day return from travel quarantine or had a negative COVID-19 test within 72 hours of arriving back?	Y / N

Patient Information:

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Patient's Flu Vaccine History (Circle one)

Do you have a serious anaphylactic allergic reaction to chicken, egg or egg product?	Y / N
Have you ever had an allergic reaction to the flu shot?	Y / N

Insurance Information:

Plan Guarantor Name: _____

Plan Guarantor Date of birth: _____ Preferred Phone: _____

Insurance plan: _____ ID: _____

Policy holder name: _____ DOB: _____

Relationship to patient: _____