



Public Health
Prevent. Promote. Protect.

Champaign County Public Health Department



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Champaign-Urbana Public Health District

Consent for Vaccination

Place of Residence:

- Champaign-Urbana City Limits
- Champaign County (Outside of City Limits)
- Other _____

Date of Service: ____/____/____

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Male Female

Phone _____

BILLING INFORMATION

Medicaid # _____

Medicare # _____

Cash Check Credit Card **AMOUNT** _____

INFLUENZA (\$35)

PNEUMOVAX (\$55)

Manufacturer _____

Manufacturer _____

Vaccine Lot # _____

Vaccine Lot # _____

Exp. Date _____

Exp. Date _____

Given IM (R L) Deltoid / Thigh

Given IM / SC (R L) Deltoid / Thigh

Signature _____

I have received the Vaccine Information Sheet (VIS) for the vaccination (s) that I am receiving today.

I have received information regarding HIPAA

Signature _____ **Date** _____

For more information regarding flu, immunizations, and other services offered by Champaign-Urbana Public Health District, check out our website www.c-uphd.org or contact 352-7961.

NO ONE WILL BE REFUSED SERVICE BECAUSE OF INABILITY TO PAY