Dubois Countty Health Department
1187 S. Saint Charles St.
Jasper, IN 47546

Phone: 812-481-7050
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dchealth@duboiscountyin.org

Public Health
Prevent. Promote. Protect.

Complete the demographic/insurance information below and attach a copy of insurance card.

LAST NAME-_____**FIRST NAME-**_____

DATE OF BIRTH-_____ **PHONE**_____

ADDRESS--_____**CITY-**_____**ZIP-**_____

MEDICARE #-_____

OR

PRIMARY INSURANCE NAME-_____

MEMBER ID #_____**GROUP #**_____

INSURED NAME-_____**DATE OF BIRTH-**_____

SIGNATURE-_____**DATE-**_____

AUTHORIZATION AND CONSENT:

***CONSENT FOR USE OF PROTECTED HEALTH INFORMATION & CLAIMS ASSISGNMENT**: I HEAREBY CONSENT TO THE USE AND DISCLOSURE OF MY PERSONAL INFORMATION FOR THE PURPOSE OF HEALTH CARE OPERATIOON ALONG WITH THE ASSIGNMENT OF ALL PAYMENT FROM THE INSUREER LISTED ABLOVE TO VAXCARE ASSOCIATED WITH THE SERVICES.*
***VACCINE AUTHORIZATION**: MY SIGNATURE ON THIS FORM INDICATES THAT I HAVE REQUESTED THE VACCINE INDICATED TO BE ADMINISTERED TO ME BY A REPRESENTATIVE OF THE DUBOISC COUNTY HEALTH DEPARTMENT. I ALSO RELIEVE THE ADMINISTERING HEALTHCARE PROFESSIONAL AND PERSONNEL OF ANY LIABILITY FOR ANY REACTIONS THAT SHOULD OCCUR.*

PLEASE CHECK WHICH VACCINATION YOU WOULD LIKE TO RECEIVE. IF YOU ARE INTERESTED IN THE PNEUMONIA VACCINE, PLEASE CHECK. WE WILL THEN REVIEW YOU IMMUNIZAITON RECORD AND DETERMINE IF YOU ARE ELIGIBLE.

High Dose Flu-(for persons 65+)_____**Standard Flu-**_____
Prevnar 13-_____**Pneumoccocal 23-**_____

FOR OFFICE USE ONLY:

FLU-PLACE STICKER HERE LOCATION GIVEN	PNEUMONIA-PLACE STICKER HERE LOCATION GIVEN

DATE GIVEN_____NURSE_____

The Dubois County Health Department is committed to preservation efforts that promote and protect our communities health by serving with dedication, respect, and responsibility