

# **Flu Clinic**

**Muenster Family Medical Clinic will be**

**at Lindsay ISD on Wednesday**

**October 5<sup>th</sup> 2022**

**From 7:45 am**

**To**

**8:30 am**

**For flu vaccines.**

**Please fill out the attached consent form. We do not accept Medicaid or HMO insurances. If you do not have insurance shots will be available for**

**\$35.00**

**M U E N S T E R**  
  
**F A M I L Y**  
**M E D I C A L C L I N I C**

*Amy Dangelmayr, FNP-C*  
*Stephanie Rynor, FNP-BC*  
 134 S Mesquite- PO Box 647  
 Muenster, Texas 76252  
*(Just south of Sonic)*  
 940.759.2502

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	YES	NO
Have you had a flu shot before?		
Are you allergic to thimerosal, eggs or egg products?		
Have you ever had an allergic reaction to flu or other vaccines?		
Is there a chance you are pregnant?		
Are you currently sick (does not include minor illness)?		
Do you have a history of Guillian-Barré Syndrome?		

**Consent:**

I have been offered a copy of flu vaccination information sheet. I have had the chance to ask questions that were answered to my satisfaction. I believe I understand the benefit and risk of the flu vaccine, and ask that the vaccine be given to me or the person named above (for who I am authorized to make this request)

\_\_\_\_\_  
 Printed Name *(parent's if patient is a minor)*

\_\_\_\_\_  
 Signature *(parent signature, if patient is a minor)*

\_\_\_\_\_  
 Date

**This section is for individuals whose insurance covers 100% of the cost of the flu vaccine.**

\_\_\_\_\_  
 Subscriber's Name

\_\_\_\_\_  
 DOB

\_\_\_\_\_  
 Subscriber's Address

\_\_\_\_\_  
 Insurance Company

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Insurance ID

\_\_\_\_\_  
 Subscriber's Phone Number

\_\_\_\_\_  
 Insurance Group #