Influenza Vaccine Administration Record

Inactivated Injectable Influenza Vaccination

INFORMATION ABOUT PERSON TO RECEIVE VACCINE

(Please Print)

NAME: LAST_____ FIRST_____ MI_____

GENDER: ☐ MALE ☐ FEMALE BIRTHDATE_____ AGE_____

ADDRESS: STREET_____ CITY_____

STATE _____ ZIP_____ COUNTY_____ PHONE NUMBER _____

EMAIL ADDRESS: _____

RACE: (Please check all that apply)

☐ Asian ☐ African American ☐ Hispanic ☐ Native American ☐ White ☐ Other_____

Emergency Contact: _____ Phone Number: _____

INSURANCE COMPANY NAME (please circle all that apply)

Medicare Medicaid Blue Cross/Blue Shield Other (list) _____

Policy # or Medicare/Medicaid# _____

Does the person receiving the vaccine

Have diabetes? ☐Yes ☐No

Have an allergy to eggs or to a component of the vaccine? ☐Yes ☐No

Sick today? ☐Yes ☐No

Ever had a serious reaction to influenza vaccine in the past? ☐Yes ☐No

Ever had Guillain-Barre Syndrome? ☐Yes ☐No

Is the person receiving the vaccine today pregnant? ☐Yes ☐No

I have read or have had explained to me the information contained on the 2017 Vaccine Information Sheet about vaccine(s) that will be administered. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccines(s) checked be given to me or to the person named above for who I am authorized to make this request.

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.
I have been given an opportunity to read the Notice of Privacy Practices for the Macoupin County Public Health Department and to have any questions answered before signing.
Signature of person to receive vaccine or person authorized to make request.

X_____ DATE_____

Patient Name _____ Patient Birthdate _____

DATE ADMINISTERED: _____

Influenza	High Dose Influenza	PNEUMOCOCCAL
☐_____	☐_____	☐_____
Exp.Date _____	Exp.Date_____	Exp.Date_____
SITE ADMINISTERED:	**SITE ADMINISTERED:**	**SITE ADMINISTERED:**
☐ LUE _____	☐ LUE _____	☐ LUE _____
☐ LLE _____	☐ LLE _____	☐ LLE _____
☐ RUE _____	☐ RUE _____	☐ RUE _____
☐ RLE _____	☐ RLE _____	☐ RLE _____

ADMINISTERED BY:

☐ Linda Gray, RN _____

☐ Christy Blank, RN _____

☐ Shirley Young, RN _____

☐ Angela Weidner, RN _____

☐ _____ _____

☐ _____ _____

COMMENTS:_____

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