Seasonal Influenza Vaccine Administration Record

Sherman County Health Department

Patient Information

Name: ______________________________ DOB __________ Age ____
(Last) (First) (Middle) (Date of Birth)

Street Address: ______________________________ Apt # ____

City: ______________ County ______________ State _____ ZIP _______

Home Phone: ______________ Work Phone ___________ Gender: ☐ Male ☐ Female

_______I acknowledge that I have been provided the Health Department's Notice of Privacy Practices with the effective date of August 30, 2013.

I have been offered a copy of the Influenza Vaccine Information Statement (VIS) and ask that the vaccine indicated be given to me or the person named for whom I am authorized to make this request. VIS 8/06/21

Signature: X______________________________ **Date:** ______________

Parent or Guardian Information

Name: ______________________________ Relationship ______________
(Last) (First) (MI)

Address (if different from above)

Insurance Information

I would like Sherman County Health Department to bill:

☐ Medicare Plan B ☐BC/BS ☐ KanCare ☐ Other

Insurance ID #: ______________________

Name as it appears on Insurance Card and DOB:

______________________________ ________

Clinical Use Only

VFC:

☐Yes ☐ No

Health Screening Questions

Question		
1. Is the person to be vaccinated sick today (temperature over 100)?	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or a component of the vaccine?	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?	☐	☐

******* Clinical Use Only *******

Quadrivalent .5 90686 90471/G0008	PCV13 PPCV23 90670 90732	COVID-19	High Dose (Age 65+) 90662 G0008	Date Given
Lot#:__________ Exp:	Lot#:__________ Exp	Lot#:__________ Exp:	Lot#:__________ Exp	Manufacturer __________
Site: (L) (R) Delt / Vas Lat	Site: (L) (R) Delt / Vas Lat	Site: (L) (R) Delt / Vas Lat	Site: (L) (R) Delt / Vas Lat	Signature __________
	MFR:	MFR:		
$25/$25	VIS:	VIS:	$70/$25	

Today's Charge: $__________

Self-Pay: ☐ Cash ☐ Check #:__________

Contract Pay: ☐ Yes ☐ No

Company__________________