

Crawford County Health Department Influenza / Pneumonia Administration Record

WIR _____
INVC D _____
PAID _____

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

I have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or the person named below from whom I am authorized to make this request.

PLEASE PRINT

Form containing fields for 1. MEDICARE #, 2. MEDICAID #, POLICY GROUP NAME, Patient's given name, Age, Patients DOB, Sex, Name as it appears on insurance card, Street address, Patients Maiden Name, City, State WI, Patient relationship to insured, Name of insured person, Zip code, Telephone / Cell, Signature, Date (2011).

For Office Use

Table with 9 columns and 3 rows for office use, with labels: Clinic/Office, Date, Time, phone.

Table listing vaccine types: VFC MedImmune FLU MIST, VFC San Pasteur Fluzone Pfree, VFC San Pasteur Fluzone, VFC San Pasteur Fluzone, VFC San Pasteur Fluzone, VFC San Pasteur Fluvin, VFC Novartis Fluvin, Novartis Fluvin, Pneumonia Merck Pneumovax 23.

Site of Injection: LV RV Left Del. Right Del. RN Signature: G. Wall D. Wallin-Sander M. Breuer J. Powell K. Reilly N. Hauser M. Treleven