2012

Crawford County Health Department Influenza / Pneumonia Administration Record

WIR	
INVCD	
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.

Clinics to be held late September and October 2012

PLEASE PRINT

MEDICAID #	#							
						SCHOOL NC		
Patient's given name: (Last name, first name, middle initial)					Age:	INC.		
					Patients DOB:	PdC		
Name as it appears on insurance card: same					/ / Sex M □ F□	Seneca		
Street address:					Mothers Maiden Name	WSHS		
City		State			Patient relationship to insured	I Influenza		
City		WI			self	Imidenza		
Zip code		Telen	none / Cell		spouse	☐ injectable		
Zip code		()		□child	□ mist		
Have you ever had a severe reaction to the influenza vaccine? Yes No Unk								
Are you experiencing any fever or upper respiratory infection? Yes No Unknown Are you ellergie to aggs, thimproced or letay? Yes, No, Unknown How you ever had Guillian Barra Sundrame? Yes, No, Unknown								
Are you allergic to eggs, thimerosal or latex? Yes No Unk Have you ever had Guillian Barre Syndrome? Yes No Unk								
Signature of person to receive vaccine or person authorized to make the request (parent or guardian) and authorization to release this information to the appropriate billing vendor to process this claim.								
Signature					Date:	2012		
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Clinic/Office Date Time phone:	Seneca	WSHS	PdC Public	Prairie Catholic	NC			
VFC	VFC	VFC	VFC	VFC	VFC	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 \								