2013

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 2013

PLEASE PRINT

MEDICAID #			SCHOOL NC PdC Seneca WSHS
Patient's given name: (Last name, first name, middle initial) _____ Name as it appears on insurance card: same		Age: Patients DOB: / / Sex M ☐ F☐	
Street address:		Mothers Maiden Name	
City	State WI	Patient relationship to insured ☐self ☐spouse ☐child	**Influenza** ☐ injectable ☐ mist
Zip code	Telephone / Cell ( )		

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 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

For Office Use

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 \ _____