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.

PLEASE PRINT	Clinics to be held	late September and October 2013	
MEDICAID#			
		SCHOOL	
Patient's given name: (Last name, first name, middle initial) Age:		NC	
Patient	s DOB:	PdC	
Name as it appears on insurance card:	/	Samaaa	
(Check if same) Sex		Seneca	
M	$_{\rm F}$	WSHS X	
Street address: Mother	rs Maiden Name	Willis II	
City State Patient	relationship to insured	Influenza	
WI	Self		
Zip code Telephone / Cell	Self	Injectable	
Zip code Telephone 7 Cen	Spouse		
	Spouse	Mist	
	Child		
Have you ever had a severe reaction to the influenza vaccine? Yes No Unknown			
Are you experiencing any fever or upper respiratory infection? Yes	No Uı	aknown	
Are you experiencing any fever or upper respiratory infection? Yes No Unknown			
Are you allergic to eggs, thimerosal or latex? Yes No Unknown			
Have you ever had Guillian Barre Syndrome? Yes No Unknown Unknown			
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.			
<u>Signature</u> Date			
<><><><><><><><><><><><><><><><><><><>			
Clinic/Office PdC Prairie NC			
Date Seneca WSHS Public Catholic NC			
phone:			
	·	<u> </u>	
VFC VFC VFC VFC VFC	FC	Pneumonia	
		Merck Pneumovax 23	
Site of Injection: LV RV Left Del. Right Del.			
RN Signature: G Wall D Wallin-Sander M Breuer I Powell K Reilly \			