PAID: Cash Check Insurance: [BluePlus Blue Cross Medica SCHA] Medicare MA
Amt: $_____ #_____ Initials_____ **2015-2016**

VACCINE ADMINISTRATION RECORD – Adults (19 and over)

KANABEC-PINE COMMUNITY HEALTH ▪ BUSINESS OFFICE ▪ 905 EAST FOREST AVENUE, SUITE 127 ▪ MORA, MN 55051

Kanabec-Pine Community Health may keep this record on file. Individuals will have their shot recorded in the Minnesota Immunization Information Connection (MIIC) which is a statewide agency. The record will include what vaccine was given, the name of the company that made the vaccine, the vaccine's unique 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 on the Vaccine Information Statement – Seasonal Influenza 2015-2016 dated 8/7/2015. 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 to the person named below for whom I am authorized to make this request."

Information about person to receive vaccine (Please Print).						
Name: Last	First	MI	Birthdate	Age	Phone	
Address: Street	City		County	State	Zip	
Medicare Number:			Mother's maiden name			
MA/SCHA Number:			Dr.'s name			

Other Insurance Information

Name of Insurance Company _____

Name of Policy Holder _____ Date of Birth: _____

ID Number _____

Group Number _____

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X Date:

For Clinic/Office Use – *do not write below this line*

Seasonal Influenza Vaccine

Date Vaccine Administered:_____

Vaccine Manufacturer:_____

Vaccine Lot Number:_____Exp_____

Site: ☐ LD ☐ RD Dosage: 0.5 ml ☐ Nasal

Signature/Title of Vaccine Administrator:

_____

PAID: Cash Check Insurance: [BluePlus Blue Cross Medica SCHA] Medicare MA
Amt: $_____ #_____ Initials_____ **2015-2016**

Screening Questionnaire for Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us to determine if there is any reason we should not give you or your child an influenza vaccine today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask to have it explained to you.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza 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?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____