

PAID: Cash Check
Amt: \$ _____ # _____

Insurance: [BluePlus HP Medica SCHA] Medicare MA
Initials _____

2009-2010

VACCINE ADMINISTRATION RECORD – Adults (19 and over)

KANABEC COUNTY PUBLIC HEALTH ▪ 905 EAST FOREST AVENUE, SUITE 127 ▪ MORA, MN 55051

Kanabec County Public 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 – H1N1 2009-10 dated 10/01/09. 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 _____						
Claims Address _____ _____						
Insurance Company Phone Number _____						
Name of Policy Holder _____						
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 – <i>do not write below this line</i>						

H1N1 Novel Influenza Vaccine

Date Vaccine Administered: _____

Vaccine Manufacturer: _____

Vaccine Lot Number: _____ Exp _____

Site of Injection: _____ LD _____ RD Other _____

Signature/Title of Vaccine Administrator:
