

VACCINE ADMINISTRATION RECORD – ADULT (19 years and over)
UNINSURED AND UNDERINSURED*

Information collected on this form will be used to document authorization for receipt of vaccine(s). Information may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and the Social Security Number will be used by patient to access WIR.

PLEASE PRINT using black or blue ink only

Patient's Legal Name (Last, First, MI) <small>Include maiden name if married.</small>			Mother's Maiden Name (Last, First)		
Address		City	County	State	Zip Code
Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number <small>(Required if patient wants on-line record access.)</small>	Telephone Number	
Race <input type="checkbox"/> White <input type="checkbox"/> Other (specify)			Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic		
Eligibility Status <input type="checkbox"/> Uninsured <input type="checkbox"/> Underinsured <input type="checkbox"/> Pertussis-containing vaccine (statewide outbreak)					
Name of Clinic or Physician					
Okay to share immunization data with WIR? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Allows record access for patient or health care provider.)</small>			Is reminder/recall contact allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Used if any notice about immunizations is sent.)</small>		
I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) be given to me.					
SIGNATURE				Date Signed	

**Underinsured adults are those who have health insurance, but the coverage does not include any vaccines, OR whose insurance covers only selected vaccines, OR whose insurance caps vaccine coverage at a certain amount would be eligible after the cap has been met, OR have Badger Care+ Family Planning Only Services.
Adults with Medicaid coverage are considered insured as they are covered by all ACIP recommended vaccines.*

OFFICE USE ONLY		Clinic Site: <input type="checkbox"/> Clintonville <input type="checkbox"/> Waupaca <input type="checkbox"/> Other _____					
Vaccine	Route	Site Admin.	Dose #	Mfg.	Lot #	Expire Date	CDC Form Date
Hep A	IM	RD LD	1 2				10/25/11
Hep B	IM	RD LD	1 2 3				2/2/12
Hep A – Hep B	IM	RD LD	1 2 3				See Hep A & B
HPV	IM	RD LD	1 2 3				5/17/13
Influenza	IM	RD LD	1 Booster				Use latest VIS
MMR	SQ	RD LD	1 2				4/20/12
Meningococcal	IM	RD LD	1 2				10/14/11
Td	IM	RD LD	1 Booster				2/4/14
Tdap	IM	RD LD	1				5/9/13
Varicella	SQ	RD LD	1 2				3/13/08
SIGNATURE AND TITLE – Person Administering Vaccine						Date Vaccine Administered	
<i>Waupaca County Department of Health and Human Services, Health Services Division, 811 Harding St., Waupaca, WI 54981</i>							