

**Alabama Department of Public Health  
Vaccine Administration Form**

**THIS FORM MUST BE FILLED IN COMPLETELY BEFORE WE CAN GIVE YOU A FLU SHOT**

PLEASE PRINT

Last Name		First Name		MI
Group #	Contract #	Date of Birth		Age
Street Address				
City		County	State	Zip Code

I give permission for my child or myself to receive the vaccine indicated. I authorize payment for the vaccine provided. I have received notice of my privacy rights and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices."

**Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

Date of Vaccine and VIS Given		Type and Date of VIS	Clinic Site		
Vaccine Given <b>Influenza</b>	Manufacturer and Lot Number		Site of Injection <b>LA RA LT RT</b>	Route <b>IM SQ</b>	
Signature of Nurse					
Income Assessment: Medicaid Y___ N___ American Indian/Alaskan Native Y___ N___ Insurance Y___ N___ Family Size _____					
Annual Income \$ _____ Payment Bracket _____ Fee Paid _____ Fee Waived _____ Initials of Assessor _____					