

PAID: Cash Check
 Amt: \$ _____ # _____

Insurance: [BluePlus Blue Cross Medica SCHA] Medicare MA
 Initials _____

2018-2019

VACCINE ADMINISTRATION RECORD – Adults (19 and over)

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

Kanabec County 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 dated 8/7/2015 (still relevant for the 2018-2019 season). 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
Gender	Mother’s maiden name			Dr’s Name			
MA/SCHA Number:				Medicare Number:			
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

NURSE USE
Screening Questionnaire Completed: Y

UUAV Used: Y
Screening Form must be completed on the back side
Date Entered into MIIC:

Seasonal Influenza Vaccine
Date Vaccine Administered: _____
Vaccine Manufacturer: _____
Vaccine Lot Number: _____ Exp _____
Site: <input type="checkbox"/> LD <input type="checkbox"/> RD Dosage: 0.5 ml
Signature/Title of Vaccine Administrator: _____

Date	Note	Initials

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form completed by: _____ Date: _____			
Form reviewed by: _____ Date: _____			

OFFICE USE:

UAV Eligibility Screen (check only one box; use the first that fits the client 19 years and over)

- Is enrolled in a Minnesota Health Care Program (MHCP)
 - MN Medical Assistance (MA)
 - MinnesotaCare (MnCare) or
 - A Prepaid Medical Assistance Program (PMAP)

- Does not have health insurance

- Is American Indian or Alaskan Native (may be insured)

- Has health insurance, but the health insurance benefit plan does not include the flu vaccine and/or you have used the allowed amount for preventive services.

If a box is checked above, the adult meets UAV Eligibility Criteria. If an adult qualifies for UAV regardless of what vaccine is actually given, the cash cost donation request for a flu shot is \$21.00 for all clients except those on a MHCP.