

PAID: Cash      Check  
 Amt: \$ \_\_\_\_\_ # \_\_\_\_\_

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

**2018-2019**

**VACCINE ADMINISTRATION RECORD – Child (18 and under)**

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

Kanabec County Community Health may keep this record on file. Children 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 (information is still current for 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.”**

<b>Information about person to receive vaccine (Please Print).</b>							
Name: Last		First		MI	Birthdate	Age	Gender
Address: Street			City	State	Zip	County	
Home Phone Number		Daytime Phone Number		Dr.'s name			
Parent/Guardian Name				Mother's maiden name (last name given at birth)			
Name of Child's Insurance:							
Policy Number:				Group Number:			
If this is a family policy, whose name is the insurance under:							
Name: _____				Birthdate: _____			
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

MnVFC Used:    Y Screening Form must be completed on the back side Date Entered into MIIC: _____
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Seasonal Influenza Vaccine Date Vaccine Administered: _____  Vaccine Manufacturer: _____ Vaccine Lot #: _____ Exp _____  Site of Injection: <input type="checkbox"/> LD <input type="checkbox"/> RD <input type="checkbox"/> LT <input type="checkbox"/> RT      Dosage: 0.25ml    0.5ml 2nd Dose Needed:    Y    N Signature/Title of Vaccine Administrator: _____
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Date	Note	Initials

## Screening Questionnaire for Influenza Vaccination

For patients (both children and adults) 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:**

**MnVFC Eligibility Screen** (check only one box; use the first that fits the client 18 years and under)

- 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 child meets MnVFC Eligibility Criteria. If a child qualifies for MnVFC 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.**