

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

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

**2017-2018**

**VACCINE ADMINISTRATION RECORD – Adults (19 and over)**

KANABEC COUNTY COMMUNITY HEALTH ▪ BUSINESS OFFICE ▪ 905 EAST FOREST AVENUE, 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 2017-2018 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
Medicare Number:					Mother's maiden name		
MA/SCHA Number:					Dr.'s name		
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*

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 <input type="checkbox"/> Nasal
Signature/Title of Vaccine Administrator: _____

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## 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: \_\_\_\_\_