

# VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

**INFLUENZA:** I have been given the Vaccine Information Statement (VIS) and have read or had explained to me the information about influenza and influenza vaccine. 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 the person named below from whom I am authorized to make this request.

**PNEUMOCOCCAL:** I have been given the Vaccine Information Statement (VIS) and have read or had explained to me the information about pneumococcal and pneumococcal vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of pneumococcal vaccine and ask that the vaccine be given to me or the person named below from whom I am authorized to make this request.

**Influenza Vaccine**

**Pneumonia Vaccine**

Information about person to receive vaccine. (PLEASE PRINT)					
Last Name	First Name (LEGAL NAME)	Middle Initial	Birthdate	Age	M F
Street/Road Address	City	State WI	Zip Code	Phone Number	
Physician or Clinic:					
Signature of person to receive vaccine or person authorized to make the request (parent or Guardian) and (if eligible) authorization to release this information to Medicare Part B/ Medicaid/Insurance to process this claim.					
I acknowledge that I have received a copy of the Grant County Health Department Notice of Privacy Practice and Vaccine Information Statement and have been given an opportunity to discuss concerns. I consent to have my protected health information used for treatment, payment, and health care operations. Information may be shared through the Wisconsin Immunization Registry (WIR).					
X			Date		

2020-2021 Flu Season		INFLUENZA VACCINE: (Fluzone Only)	
<input type="checkbox"/> PAID \$36 - \$70 - \$110 - \$200	(Cash) (Check)	<input type="radio"/> Quadrivalent	\$36.00 Right Deltoid
<input type="checkbox"/> BILL		<input type="radio"/> Quadrivalent Preservative-Free	\$36.00
<input type="radio"/> Medicare	Social Security# _____	<input type="radio"/> High Dose (65 years +)	\$70.00
Medicare # : _____		_____ Lot # _____ Exp _____	
Replacement Insurance Co: _____		PNEUMONIA VACCINE:	
Insurance #: _____		<input type="radio"/> Pevnar 13	\$200.00 Left Deltoid
<input type="radio"/> Medical Assistance/BadgerCare	HMO Insurance Co: _____	<input type="radio"/> Pneumovax 23	\$110.00
MA Number: _____		_____ Lot # _____ Exp _____	
<input type="radio"/> Insurance Co	Insurance #: _____	VFC INFLUENZA VACCINE (GSK Only)	
<input type="radio"/> Bill to:		(18 years and under ONLY) Right Deltoid	
Signature & Title of Vaccine Administrator:	Registered Nurse	<input type="radio"/> Quadrivalent Preservative-Free	
		<input type="radio"/>	
		_____ Lot # _____ Exp _____	
		Date Vaccine Administered:	