

# INFLUENZA VACCINE ADMINISTRATION RECORD FOR ADULT RECIPIENT

I have read or have had explained to me the informational sheet about the influenza and the 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 to the person named below for whom I am authorized to make this request. I also hereby acknowledge that I received a copy of the "Notice of Privacy Practices" from the Logan County Dept. of Public Health revised 9/23/2013.

**\*PLEASE PRINT**

<b>Name:</b> _____			<b>Sex:</b> (circle one)  <b>Male</b> <b>Female</b>	
Last _____	First _____	M.I. _____		
<b>Date of Birth:</b> ____/____/____	<b>Age:</b> _____	<b>Phone Number:</b> (     )             -     ____	<b>Doctor's Name:</b> _____	
<b>Address:</b> _____				
Street _____ City _____ County _____ State _____ Zip _____				
<b>Allergy to Eggs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is the recipient pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Signature of person to receive vaccine or authorized to make the request:</b>  <b>X</b> _____ (Recipient or Parent/Legal Guardian)			<b>Date:</b> ____/____/____	

**Please Note:** In the event of non-payment by Medicare, Medicaid, or your Employer, client served or guardian will be held responsible for the payment and will receive such statement/ invoice.

**Initials:** \_\_\_\_\_

**Medicare Recipients**, please include:

*Medicare Card #:* \_\_\_\_\_

**Medicaid Recipients/AllKids**, please include:

*Recipient #:* \_\_\_\_\_

.....  
**For Clinic Use Only**

**Clinic or Office Address:** LCDPH     OTHER \_\_\_\_\_

**Date Vaccine Administered:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Vaccine Manufacturer:**    **Fluzone – Sanofi**

**Vaccine Lot Number:**      **UH906AA**

**Site of Injection:**    R Arm                       L Arm                       R Leg                       L Leg

**Signature and Title of Vaccine Administrator:** \_\_\_\_\_