

A Vaccine Screening, Documentation and Consent form for Flu Vaccine

I have been offered or provided, whether accepted or not, a copy of the "Vaccine Information Statement(s)" checked below. I have read, or have had explained to me, the information in the "Vaccine Information Statement(s)". My questions have been answered satisfactorily, and I ask that the vaccine(s) checked below are given to me or to the person named below for whom I am authorized to make this request by Pottawatomie County Health Department. I acknowledge that I have received a copy of Pottawatomie County Health Department's Notice of Privacy Practices with the effective date of April 14, 2003. As the client or parent/guardian, **I understand I will be responsible to pay** for any services provided that Medicaid, Medicare, First Guard or Health Wave does **not cover**. **If you have Medicare, please present your Medicare card to the receptionist.**

Influenza PPV23 Td Tdap Hepatitis B Medicare number _____

	Date	Age
Client Signature	Print Name	
	<u>Yes</u>	<u>No</u>
1. Do you or your spouse have health care coverage through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a serious allergy to:		
...Eggs?	<input type="checkbox"/>	<input type="checkbox"/>
...Baker's yeast? (the yeast used for bread)	<input type="checkbox"/>	<input type="checkbox"/>
...Any vaccine or vaccine component?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had a life threatening reaction to a Vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you ill today or experiencing a high fever?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had Guillain Barre syndrome (GBS)? This is an illness with sudden muscle weakness & some loss of senses in the fingers or toes.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a pneumonia (pneumococcal) vaccine?	<input type="checkbox"/>	<input type="checkbox"/> If yes, when? _____
7. Have you had a tetanus booster within the last ten years?	<input type="checkbox"/>	<input type="checkbox"/> If <u>No</u> , you need one!

VACCINE	DOSE	EXT	SITE	ROUTE	VIS DATE	MANUFACTURER LOT	EXP DATE
Influenza	1	RT LT	Deltoid Vastus Lat	IM	08/11/09	U3195AA	06/30/10
PPV23	1 2	RT LT	Deltoid Vastus Lat	IM	04-16-09		
Td Tdap (age 11-64)	1 2 3 or Booster	RT LT	Deltoid	IM	11-18-08		
Hepatitis B	1 2 3	RT LT	Deltoid Vastus Lat	IM	07/18/07		

Signature and Title of Vaccine Administrator

Date

Pottawatomie County Health Department Registration Form

Client Information:

Social Security Number: _____ Date of Birth: _____ (Mo/Day/Year)
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Male: _____ Female: _____ Race: White _____ Am. Indian _____ Black _____ Other _____
Ethnicity: Hispanic _____ Non-Hispanic _____ Language Used: _____
MS: Never Married _____ Married _____ Single _____ Widow _____
Primary Care Physician: _____