



Door County Public Health - INFLUENZA VACCINE ADMINISTRATION RECORD

This clinic may keep this record in its medical files including the Wisconsin Immunization Registry (WIR). 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.

Information of PERSON TO RECEIVE vaccine (Please Print Clearly)

Patient's Name		Gender	Date of Birth	Age
Mailing Address		City	State	Zip Code
Phone Number				

PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK YES OR NO)

The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccine today. If you answer yes, 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, ask your health care provider to explain it.

	Yes	No
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	<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"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>

I have read or have had explained to me the information about 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 the person named above for whom I am authorized to make this request.

SIGNATURE of person to receive vaccine or person authorized to sign on the patient's behalf and/or authorization to release this information to Medicare Part B to process this claim.	Date Signed
X	

The cost of the standard dose flu vaccine for adults is \$40.00. The cost of the Adjuvanted flu vaccine for those 65 years of age and older is \$75.00. We can bill Badgercare, Traditional Medicare Part B, Humana Medicare Advantage Plan, and United Healthcare Medicare Advantage Plan. Check the following box that applies to you.

- I am paying \$40.00 by cash or check
- I am paying \$75.00 for the Adjuvanted Flu vaccine by cash or check (only for 65+ year olds)
- I have Badgercare _____
- I have Medicare Part B, _____
- Humana Medicare Advantage Plan _____
- United Healthcare Medicare Advantage Plan _____

Office Use Only

Clinic Location:	Sister Bay	Brussels	Sturgeon Bay	Washington Island	ADRC	HWY Dept	Justice Center
	Pinecrest	Big Hill Apts					

Route	Site	Manufacturer	Lot Number
IM	LD, RD, LV, RV	GSK, Seqirus, SP	

Credentials _____

Vaccine Administrator _____ Date _____