

**DELAWARE GENERAL HEALTH DISTRICT
VACCINE ADMINISTRATION RECORD**

PLEASE PRINT			
Name:	Birth date:	Age:	Sex: M F
Address:	City:	State: Ohio	
Zip: _____ County: _____	Phone: _____	Race: Please Circle White Asian Black Multi -Race Hispanic Other	Office Use Only <input type="checkbox"/> Initial <input type="checkbox"/> Boost

Please Answer the Following Questions:

- | | | |
|--|-----------|----------|
| 1. Are you sick today? | YES _____ | NO _____ |
| 2. Are you allergic to eggs, Phenol, Thimerosal, or Formaldehyde? | YES _____ | NO _____ |
| 3. Do you have a Latex Allergy? | YES _____ | NO _____ |
| 4. Have you ever had a serious reaction after receiving a vaccination? | YES _____ | NO _____ |
| 5. Have you ever had a paralyzing illness (Guillain Barre Syndrome)? | YES _____ | NO _____ |

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 vaccines special 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 sheet about influenza and/or pneumococcal disease and the influenza and/or pneumococcal vaccine. I have had a chance to ask questions, and they were answered to my satisfaction. I believe I understand the benefits and risks of influenza and/or pneumococcal vaccine(s) and ask that the vaccine(s) be given to me or the person named above for whom I am authorized to make this request.

(For Medicare Recipients: I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.)

I understand and agree that my information may be entered into a State registry to track flu vaccine usage.

I have received a copy of the Health Districts Notice of Privacy Practices (HIPPA).

X _____ Date: _____
Signature (Person receiving vaccine or guardian)

Nursing Notes to a YES answer(s) above: _____

AREA BELOW FOR OFFICE USE ONLY

Billing Number _____ CareSource Molina Regular Medicaid
 _____ Traditional Medicare Railroad Medicare

INFLUENZA	(Clerk circle)	Private	State	VFC
Clinic Site: _____ _____	Injection Site: <input type="checkbox"/> RD I.M. <input type="checkbox"/> LD I.M. <input type="checkbox"/> Intranasal	Vaccine Manufacturer _____	Lot # _____	Nurses Signature: _____,RN _____,LPN
		Expiration Date: 6/30/2012		

PNEUMOCOCCAL				
Clinic Site: _____ _____	Injection Site: <input type="checkbox"/> RD I.M. <input type="checkbox"/> LD I.M.	Vaccine Manufacturer _____	Lot # _____	Nurses Signature: _____,RN _____,LPN
		Expiration Date: _____		

We cannot bill Medicare Managed Care Plans, PPO's, HMO's including: Medigold, Anthem, Aetna, Humana, etc. Please see your doctor or participating pharmacy.

Answer the questions below for FLU MIST ONLY

The Nurse or Doctor Must Review Your YES Answers:	YES	NO		YES	NO
Have you ever had a bad reaction to FluMist?			Do you have diabetes or another metabolic disease?		
Do you have AIDS, HIV, cancer or have you received an organ transplant?			If you are female, are you pregnant or breastfeeding?		
Did a doctor ever tell you that you have any other problem with your immune system?			Do you have heart disease as angina or congestive heart failure?		
Is there anyone living with you who has severely weakened immune system?			Have you had a heart attack or stroke?		
Do you have kidney disease?			Do you have a blood disease like sickle cell disease or thalassemia?		
Have you received any vaccinations within the last month?			Do you plan to receive any vaccinations within the next month?		
Are you a child or adolescent on long-term aspirin treatment?			Are you a child younger than 5 years old who has had one or more episodes of wheezing during the past year?		
Are you taking antivirals? Tamiflu, Relenza, Amantadine, or Rimantadine.			Do you have asthma?		
Are you allergic to gentamicin, gelatin, or arganine?					