

# LOGAN COUNTY INFLUENZA VACCINE ADMINISTRATION RECORD

PATIENT INFORMATION		
<b>Name</b> _____ <b>Date of Birth</b> _____ <b>Age</b> _____		
<b>Mailing Address</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip Code</b> _____		
<b>Phone Number</b> _____ <b>Gender:</b> <b>Male</b> <b>Female</b> <b>Household Size</b> _____		
INSURANCE INFORMATION		
<b>I would like Logan County Health Department to bill:</b> <input type="checkbox"/> <b>My Employer</b> _____ <b>has contracted with Logan County Health Department</b> <input type="checkbox"/> <b>My insurance</b> _____ <b>( Must provide current copy of card)</b> <input type="checkbox"/> <b>I do not have health insurance coverage.</b> <input type="checkbox"/> <b>I am paying by cash or check#</b> _____ <b>(Please circle one)</b>		
HEALTH SCREENING	(Circle One)	
Has this person had a serious reaction to vaccine in the past?	Yes	or
Is this person allergic to eggs or egg products?	Yes	or
Does this person have a history of Guillain-Barre Syndrome (GBS)?	Yes	or
Is this person allergic to Thimerosal or mercury?	Yes	or
Does this person have a history of Asthma?	Yes	or
Is this person Immunocompromised?	Yes	or
Has this person had a live vaccine the past four weeks?	Yes	or
Is this person pregnant?	Yes	or
Does this person live with someone with a weakened immune system?	Yes	or
I have been offered a copy of the "Vaccine Information Statement" and ask that the influenza vaccine be given to me or to the person named for whom I am authorized to make this request. The Logan County Health Department may release my medical information to my insurance provider, as necessary to receive payment. I understand any amount not covered by insurance is my responsibility.		
<b>Recipient/Parent/Guardian Signature</b> _____ <b>Date</b> _____		
*****CLINICAL USE ONLY*****		
Vaccine: Influenza Dx: Z23 CPT: 90685 90686 90673 VIS: 8/7/2015	Inj. Site:   L   R   Delt / Vas Lat	<b>2017/18 Influenza Season</b>
Nurse Initial: _____	<input type="checkbox"/> Cash or Check # _____ <input type="checkbox"/> Insurance card copied <input type="checkbox"/> Contract Pay	Clerk _____