



### FLU VACCINE ADMINISTRATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	DATE OF BIRTH:
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Insurance Status (Check all that apply): <input type="checkbox"/> Insured, Vaccines Covered <input type="checkbox"/> Medicare <input type="checkbox"/> BadgerCare <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Insured, Vaccines Not Covered			
The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you have a question, please contact Price County Public Health 715-339-3054. <input type="checkbox"/> Yes <input type="checkbox"/> No   Is the person to be vaccinated sick today? <input type="checkbox"/> Yes <input type="checkbox"/> No   Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No   Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No   Has the person to be vaccinated ever had Guillain-Barré syndrome?			
I have been given a copy and have read, or have had explained to me, information about influenza and the influenza vaccine to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the person named above for whom I am authorized to make this request. I understand that if I am a BadgerCare recipient I cannot be charged an administration fee or asked for any type of donation for the administration of the influenza vaccine. Information on this form will be used to document receipt of the influenza vaccine in the Wisconsin Immunization Registry (WIR).			
X _____ <b>SIGNATURE</b>		_____ <b>DATE</b>	

OFFICE USE ONLY			
<b>Clinic Site &amp; Vaccination Date</b>	<input type="checkbox"/> Chequamegon – Glidden Campus – 10/13/16 <input type="checkbox"/> Phillips – High/Middle Campus – 10/24/16 <input type="checkbox"/> Chequamegon – Park Falls Campus – 10/13/16 <input type="checkbox"/> Phillips – Elementary Campus – 10/24/16 <input type="checkbox"/> St. Anthony’s – 10/13/16 <input type="checkbox"/> Prentice – Ogema Campus – 10/17/16 <input type="checkbox"/> Prentice – Prentice Campus – 10/17/16 <input type="checkbox"/> Public Health Office – Date:		
<b>Vaccine Information</b>	Manufacturer: Sanofi Pasteur	Exp Date: 6/30/2017	Route: IM
Influenza VIS Date: 8/7/15	<input type="checkbox"/> Lot: UT5629MA <input type="checkbox"/> Lot:		Site: <input type="checkbox"/> RD <input type="checkbox"/> LD
<b>Signature of Vaccine Administrator:</b> WIR <input type="checkbox"/>			