



Public Health
Prevent. Promote. Protect.

DODGE COUNTY PUBLIC HEALTH 2017 – 2018 PEDIATRIC & ADULT INJECTABLE INFLUENZA VACCINE

PLEASE PRINT INFORMATION ABOUT PERSON TO RECEIVE VACCINE

Last Name		First Name		Middle Initial
Street Address		Apt #	City	Zip
County		Home Phone		Mother's Maiden Name (Last)
Birthdate : MM/DD/YYYY	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female		

- Ever had an allergic reaction to eggs, chicken products, latex, thimerosal or gelatin? Yes No
- Been ill or had a fever within the last 48 hours? Yes No
- Ever had Guillain Barré syndrome? Yes No
- Take any **prescription** medication that thins the blood?(Coumadin, Plavix) Yes No
- Ever had the flu shot before? Yes No
- Ever had a serious reaction to the flu shot? Yes No

Complete this section only if for child 6 months through 8 years of age

- Did the child receive 2 or more doses of seasonal vaccine since July 2010? Yes No Not sure

This information is private and will not be shared with anyone except the Minnesota Department of Health, Minnesota Immunization Information Connection (MIIC), licensed health care professionals, county public health agencies and licensed health care facilities. If you choose not to have you or your child's information shared with the registry please call 1-800-657-3970.

Note: Signature below will be a record of your consent for the influenza immunization; for billing to and payment by Medicare or other insurance, if applicable; acknowledgment of receipt of specific information about the influenza vaccine.

I agree to be personally responsible for unpaid amounts that Medicare or my health care plan states is my responsibility.

X

Signature of person to receive vaccine or person
authorized to make the request (parent or guardian)

Date

FOR CLINIC USE ONLY Dodge Center – Dodge County Public Health, Dodge Center Fire Hall, Grace Lutheran Church, D.C. Ambulance, Triton School, Wellingtons; Mantorville – Dodge Co. GSB; Hayfield – Sr. Center; West Concord – City Hall, Chicos Board & Care, Circle Drive; Claremont – American Legion; Kasson – Fire Hall, Sunwood Manor

DOSE 1

Vaccine Mfr and Lot Sanofi Pasteur U5913BA, U5896DA
U5912CA (ped)

Date Vaccine Administered _____

Route IM 0.5 ml Deltoid LEFT RIGHT
 IM 0.25ml LVL RVL

Name of Vaccine Administrator _____

Adult VFC Child VFC Private

DATE OF VIS 8/7/2015

DOSE 2

Vaccine Mfr and Lot Sanofi Pasteur
UT55836A(PED)

Date Vaccine Administered _____

Route IM 0.5 ml Deltoid LEFT RIGHT
 IM 0.25ml LVL RVL

Name of Vaccine Administrator _____

Child VFC Private

DATE OF VIS 8/7/2015

Accounting Staff Only

Stats Done

MIIC Done

Accounting Staff Only

Stats Done

MIIC Done

FOR OFFICE USE ONLY

Medicare or Medicare Advantage Plan

<p align="center">MEDICARE</p> <p align="center">_____ - _____ - _____</p>	<p align="center">UCARE</p> <p align="center">000 _____ 00</p>
<p align="center">UNICARE</p> <p align="center">N _____</p>	<p align="center">HUMANA</p> <p align="center">H _____</p>
<p align="center">ANTHEM BLUE CROSS</p> <p align="center">VZI _____ A _____</p> <p align="center">GRP# _____</p>	<p align="center">MEDICARE BLUE PPO</p> <p align="center">XZW _____</p> <p align="center">GRP# _____</p>

Minnesota Health Care Programs

<p align="center">MEDICAID</p> <p align="center">_____</p>	<p align="center">SCHA</p> <p align="center">G _____ 01</p>
<p align="center">MnCARE BLUE PLUS</p> <p align="center">X Z G 8 _____</p> <p align="center">GRP# _____ - _____</p>	<p align="center">000 _____ 00</p>

<p>VFC Administration Fee \$21.22 CASH _____ CHECK # _____ Clerk Initials _____</p>
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<p>(UAV) MN Adult Vaccine Administration Fee \$21.22 CASH _____ CHECK # _____ Clerk Initials _____</p>

<p>Personal Payment for Vaccine & Administration \$37.00 CASH _____ CHECK # _____ Clerk Initials _____</p>

<p>Dodge County Employee Full-Time _____ (collect insurance info above) Part-Time _____ Clerk Initials _____</p>
