



2011-2012 Flu Season

VACCINE ADMINISTRATION RECORD AND INFORMED CONSENT 2011-2012 FLU

PLEASE PRINT:

NAME: _____ Phone # (____) _____

_____ Last First M.I. Date of Birth _____ Age _____

Male Female

Address: _____ Street / PO Box Apt # City State Zip Code

Table with 2 columns: Screening Questions for Pneumococcal Vaccine and Screening Questions for Flu. Includes checkboxes for immunization history, allergies, and medical conditions.

Your signature indicates that you are providing information regarding ALL insurance coverage that you have; that the above information is accurate and complete; authorizes Southern Nevada Health District to bill contract insurance organizations or file a claim with Medicare Part B or other insurance providers as appropriate; authorizes the release of any medical or other information necessary to process this claim; authorizes payment of medical benefits to the Southern Nevada Health District for services described. It also indicates that you have received current written information regarding the vaccine(s) to be given.

SIGNATURE: _____ DATE: _____

ALL AREAS BELOW FOR SNHD STAFF ONLY

Table with 8 columns: VACCINE, DATE GIVEN, MFG / LOT #, VIS DATE, SITE, ROUTE, GIVEN BY, TITLE. Lists various vaccines and their administration details.

INSURANCE: (check one) INSURANCE NUMBER
 Medicare B _____
 Medicare Part D _____
 Railroad _____
 Other _____

Location
 MAIN HEND ELV MESQUITE

Amount Paid
\$ _____ Gratis

MEDICAID PLAN: (check one) MEDICAID NUMBER
 Medicaid / Nevada Check Up _____
 Medicaid Amerigroup _____
 Health Plan of Nevada (HPNH) _____
 Other _____

Record # _____

Clerical initials