Burnett County Department of Health & Human Services
Influenza and/or Pneumococcal Vaccination Administration Record

I have read or have had explained the information about influenza and the influenza vaccine and/or pneumonia and the pneumococcal vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza and/or pneumococcal vaccine and ask that the vaccine (s) be given to me or to the person named below for whom I am authorized to make this request.

First Name: _____ MI: _____ Last Name:_____

Date of birth: ___/___/_____ ☐ Male ☐ Female Marital Status:_____

Address:_____ City/State/Zip:_____

Phone: (_____) _____-_____ Name of Primary Physician/Clinic: _____

Requested Vaccine: ☐ Influenza ☐ Pneumonia

Please answer the following questions.

If a question is not clear, please ask your health care provider to explain it.	**YES**	**NO**
1. Are you sick today?	☐	☐
2. Do you have allergies to medicines, food, or any vaccine? List Allergies: _____	☐	☐
3. Have you ever had a serious reaction after receiving a Vaccination?	☐	☐
4. Have you developed Guillain-Barre' Syndrome within 6 weeks of having a flu shot?	☐	☐

I authorize release of this information to Medicare Part B, Railroad Medicare, Medical Assistance or the agency identified to process this claim. I also request payment of benefits to the party who accepts assignment below. I understand that I am responsible if payment is denied by my insurance carrier.

Signature: _____ **Date:** _____
Person to receive vaccine or person authorized to sign on the patient's behalf

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OFFICE USE ONLY

Vaccine	Lot #	Exp. Date	Manufacturer	Route	Site of Injection	CDC Form Date
Influenza	UH455AB	6/30/2012	Sanofi	IM	RV LV LD RD	7/26/2011
Pneumonia	0933Z	2/25/2012	Merck	IM	RV LV LD RD	10/06/2009

_____ _____
Signature and Title-Person Administering Vaccine Date Vaccine Administered

BILLING INFORMATION:
□ Medicare □ Medical Assistance □Cash$_____ □Check #_____ □Agency billed: _____ #_____
□Other Insurance Coverage
Name: _____ #_____

Clinic and Address: Burnett County Department of Health & Human Services
7410 County Road K #280
Siren, WI 54872 715-349-7600