



Caroline County Health Department

LELAND D. SPENCER, M.D., M.P.H.
HEALTH OFFICER

REBECCA LOUKIDES
DEPUTY HEALTH OFFICER

Shot

Child

FLU VACCINE ADMINISTRATION SHEET/CPT FORM

❖ SEASONAL Flu Vaccine

Name: _____ Birthdate: _____ Age: _____

Address: _____

Home or Cell Phone: _____ Medicare #: _____

Primary Physician: _____ Phone #: _____

1. Are you allergic to chicken eggs? Chicken feathers? Chicken dander?	Yes	No
2. Are you allergic to Thimerosal (mercury derivative) preservative?	Yes	No
3. Do you have a history of Guillain-Barré Syndrome? (A severe paralytic illness)	Yes	No
4. Have you ever had a reaction to <u>ANY VACCINE</u> ?	Yes	No
5. Do you have a fever or other illness today?	Yes	No
6. Have you ever received any vaccines in the last 4 weeks?	Yes	No
Explain _____		
7. FOR CHILDREN YOUNGER than 9 years of age : Has your child ever received the recommended 2 doses? Or received influenza vaccine for the first time last season but only received one dose?	Yes	No

"I have been given a copy and have read or have had explained to me the information contained in the vaccine information statement(s) about the diseases(s) and the vaccine(s) listed. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of these vaccines and ask that the vaccine(s) listed be given to me or the person named above for whom I am authorized to make this request". "I have received now or in the past or have been offered today, a copy of the Notice of Privacy Practices dated: 3/03 (MEDICARE ONLY: My signature authorizes CCHD to bill Medicare for services rendered.)

Client Signature (or Guardian of)

Interviewer's Signature

Date

Caroline County Health Department
403 S. 7th St., Denton, MD. 21629

Alternative Site: _____

Vaccine Given:	FLUZONE	
Dosage:	0.25ml	0.5ml
Date Vaccine Administered:		
Date of VIS Statement:	8/11/09	
Vaccine Manufacturer:	SANOFI PASTEUR	
Vaccine Lot Number:	U3227AA	U3377AA
	U3259EA (No Preservative)	
Site of Injection:	Deltoid / Thigh	
	R / L	

Vaccine activated due? ___ Date: ___/___/___ Vaccine inactivated due? ___ Date: ___/___/___

Wallet-Sized vaccine record given: Yes No

Revised 12/09

FOR OFFICE USE ONLY

Location: LHD - Off Site 90663 FLU G0008 Adm. ICD-9 Code: V04.81 Date of Service: ___/___/2009

Total Charges: _____ Total Pd. _____ Check # _____ Cash _____ Receipt# _____

Bill to: _____