

VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the information in this pamphlet about influenza and/or pneumococcal disease and the influenza and/or 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 influenza and/or pneumococcal vaccine(s) and ask that the vaccine(s) be given to me or the person named below for whom I am authorized to make this request."

<u>Information about the person to receive vaccine(s):</u> (Please print)				
Name: Last	First	Middle Initial	Birth Date	Age
Address: Street	City	County	State	Zip
Sex: M	F	Phone	_____	
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
X _____ Date _____				
(For Medicare Recipients: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.)				

Medicare	[]	[]	Site: _____
Medicaid	[]	[]	
MediGold	[]	[]	
Railroad	[]	[]	
United Mine Workers	[]	[]	Medicare Claim #: _____
Cash	[]	[]	
Amount Paid			Initial

	<u>INFLUENZA</u>	<u>PNEUMOCOCCAL</u>
Date Vaccine Administered:	_____	_____
Vaccine Manufacturer/Lot #:	_____	_____
Site of Injection:	_____	_____
Signature/Title of Vaccine Administrator:	_____	