

VACCINATION DETAILS (Influenza V04.81) FOR CLINIC USE ONLY – BLACK INK ONLY

FIRST DOSE	VACCINE <input type="checkbox"/> IIV4	ELIGIBILITY <input type="checkbox"/> VFC > MEDICAID <input type="checkbox"/> VFC > AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> VFC > UNINSURED (NO INSURANCE) <input type="checkbox"/> STATE > UNDERINSURED <input type="checkbox"/> STATE > INSURED <input type="checkbox"/> ADULT > NO HEALTH INSURANCE <input type="checkbox"/> ADULT > UNDERINSURED <input type="checkbox"/> FFS > INSURED <input type="checkbox"/> FFS > MEDICAID <input type="checkbox"/> FFS > NO HEALTH INSURANCE <input type="checkbox"/> FFS > UNDERINSURED		
	MANUFACTURER <input type="checkbox"/> SANOFI PASTEUR <input type="checkbox"/> GLAXOSMITHKLINE	LOT NUMBER		SITE OF ADMINISTRATION <input type="checkbox"/> LD <input type="checkbox"/> RD <input type="checkbox"/> Other _____
	VIS DATE 08/07/2015			
	NURSE SIGNATURE		Nurse: I hereby attest by signature below that the patient (or guardian of patient) in question has been given the Influenza Vaccine Information Sheets and has given written consent for vaccination.	DATE / /
	PATIENT'S/STUDENT'S ASSIGNED CLASSROOM TEACHER SIGNATURE		Teacher: I hereby attest by signature below that the identity of the patient in question has been verified.	ECODE COUNTY CODE
			DATE / /	
<input type="checkbox"/> "What to Know After..." given to student <input type="checkbox"/> Unable to vaccinate due to _____ "Unable to Vaccinate" form given to student/school.				

SECOND DOSE	VACCINE <input type="checkbox"/> IIV4	ELIGIBILITY <input type="checkbox"/> VFC – MEDICAID <input type="checkbox"/> VFC – AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> VFC – UNINSURED (NO INSURANCE) <input type="checkbox"/> STATE – UNDERINSURED <input type="checkbox"/> STATE – INSURED <input type="checkbox"/> ADULT > NO HEALTH INSURANCE <input type="checkbox"/> ADULT > UNDERINSURED <input type="checkbox"/> FFS > INSURED <input type="checkbox"/> FFS > MEDICAID <input type="checkbox"/> FFS > NO HEALTH INSURANCE <input type="checkbox"/> FFS > UNDERINSURED		
	MANUFACTURER <input type="checkbox"/> SANOFI PASTEUR <input type="checkbox"/> GLAXOSMITHKLINE	LOT NUMBER		SITE OF ADMINISTRATION <input type="checkbox"/> LD <input type="checkbox"/> RD <input type="checkbox"/> Other _____
	VIS DATE 08/07/2015			
	NURSE SIGNATURE		Nurse: I hereby attest by signature below that the patient (or guardian of patient) in question has been given the Influenza Vaccine Information Sheets and has given written consent for vaccination.	DATE / /
	PATIENT'S/STUDENT'S ASSIGNED CLASSROOM TEACHER SIGNATURE		Teacher: I hereby attest by signature below that the identity of the patient in question has been verified.	ECODE COUNTY CODE
			DATE / /	
<input type="checkbox"/> "What to Know After..." given to student <input type="checkbox"/> Unable to vaccinate due to _____ "Unable to Vaccinate" form given to student/school				

NOTES

PRE-CLINIC SCREENING – FOR CLINIC USE ONLY	
FIRST DOSE ELIGIBILITY <input type="checkbox"/> VFC – MEDICAID <input type="checkbox"/> VFC – AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> VFC – UNINSURED (NO INSURANCE) <input type="checkbox"/> STATE – UNDERINSURED <input type="checkbox"/> STATE – INSURED <input type="checkbox"/> ADULT > NO HEALTH INSURANCE <input type="checkbox"/> ADULT > UNDERINSURED <input type="checkbox"/> FFS > INSURED <input type="checkbox"/> FFS > MEDICAID <input type="checkbox"/> FFS > NO HEALTH INSURANCE <input type="checkbox"/> FFS > UNDERINSURED	MCI NUMBER
SECOND DOSE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO SECOND DOSE ELIGIBILITY <input type="checkbox"/> VFC – MEDICAID <input type="checkbox"/> VFC – AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> VFC – UNINSURED (NO INSURANCE) <input type="checkbox"/> STATE – UNDERINSURED <input type="checkbox"/> STATE – INSURED	STUDENT'S NAME
	DATE OF BIRTH / /