

2009-2010 INFLUENZA and/or PNEUMOCOCCAL VACCINE

Cabell-Huntington Health Department

703 7th Avenue
Huntington, WV 25701
(304)523-6483

Online Version

Personal Information (Please Print Clearly): Date _____

Name: _____

Birth Date: _____ Age: _____ Sex: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medicare Recipient # _____ Railroad Retirement Advantra None

Have you ever had a Serious reaction to the vaccine? Yes No

Have you ever had a Serious allergic reaction to eggs? Yes No

Have you ever had Guillain-Barre syndrome? Yes No

I have been given a copy and have read or have had explained to me the information sheet about Influenza Virus Vaccine 2009-2010 dated 8/11/09 or Live, Intranasal Influenza Vaccine dated 8/11/09 and/or Pneumococcal Vaccine dated 4/16/09. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that this be given to me or to the person named above for whom I am authorized to make this request. I acknowledge that I have been offered a copy of the *Notice of Privacy Practices* for the Cabell-Huntington Health Department. This notice explains how my protected health information is used and/or disclosed for the purposes of treatment, payment, and health care operations. *For Medicare Recipients: I authorize the release of my 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.*

Signature: _____

Area Below is for Staff Use Only:

Risk Assessment:

- 65 years of age or older.
- 50-64 years of age.
- Resident of nursing home or chronic care facility.
- Chronic heart or lung disease, diabetes, kidney disease, anemia, or other blood disorders(not including high blood pressure).
- Compromised immunity.
- Children (6months-18years) on aspirin long-term.
- Pregnant or will be during the Flu Season.
- Healthy Children (6months-18 years).
- Household Contacts or Caretakers of anyone in the above groups or of a child less than 6 months old.
- Health Care Providers who provide direct care.
- Last Pneumonia shot date _____

No Contraindications were identified

- Influenza vaccine administered.

Manufacturer _____ Lot # _____ Exp. _____
Location _____

- Pneumococcal vaccine administered.

Manufacturer Merck Lot # _____ Exp. _____
Location _____

Adm. by Signature _____