LAWRENCE-DOUGLAS COUNTY
Health Department
www.ldchealth.org

INFLUENZA VACCINE QUESTIONNAIRE/DOCUMENTATION FORM

I have been offered a copy of the Influenza Vaccine Information Statement (VIS). I have read, had explained to me, and understand the information in the VIS. I ask that the influenza vaccine be given to me or to the person named below for whom I am authorized to make this request. I consent to share this immunization data with schools and include in the Kansas Immunization Registry for myself or on behalf of the person named below. A copy of the Lawrence-Douglas County Health Department's Notice of Privacy Practices with the effective date of September 23, 2013 has been made available to me.

Please PRINT information about person to receive vaccine.

Name:	**Birthdate:**	**Phone Number:**

Street Address:	**City:**	**State:**	**Zip Code:**

Race: (Check all that apply)		**Ethnicity:**	**Gender:**
☐American Indian/Alaska Native	☐Native Hawaiian/Pacific Islander	☐Hispanic/Latino	☐Male
☐Asian	☐White	☐Non Hispanic/Latino	☐Female
☐Black/African-American	☐Unknown/Not Reported		

Name of Physician_____ OR ☐Heartland Community Health Center

Questions apply to the person receiving the influenza vaccine — Select Yes or No

1. Are you ill today or do you have a fever? ☐Yes ☐No
2. Have you had an allergic reaction to influenza vaccine or any of its components so serious it required medical treatment? ☐Yes ☐No
3. Have you ever been paralyzed with Guillain-Barre syndrome? ☐Yes ☐No

X_____ _____
SIGNATURE of Client /Client Representative — Date

FOR HEALTH DEPARTMENT USE ONLY

VFC eligible		Private vaccine
☐KanCare	☐No health insurance	☐Insurance pays for immunizations
☐Native American/Alaska Native	☐Insurance does not cover vaccine	

Clinic: _____ **Date:** _____

Medicare # (Part B): _____KanCare/Medicaid (Sunflower, Amerigroup, UnitedHealthcare) #:_____

BC/BS #: _____Subscriber Name_____

If no insurance do the following:

Check One: ☐No Pay ☐Cash ☐Check ☐Contract Billing ☐No Charge/Staff

Complete: Amount paid $_____ Check #_____ Receipt #_____

For Vaccine Administrator Use Only

Vaccine Code	Site	Dose/Route	VIS	Mfg	Lot #		Exp. Date

_____
Initial