Brown County Health Department * 826 Mt. Orab Pike * Georgetown, OH 45121 * 1-937-378-6892

INFLUENZA VACCINE ADMINISTRATION RECORD

Name (Last, First, Middle)		Date of Birth	Age	Sex
Street	City, State, Zip		Phone	

	Circle One	
Are you ill today?	Yes	NO
Have you had an allergic reaction to previous flu vaccine?	Yes	NO
Do you have an allergy to eggs?	Yes	NO
Have you ever had a temporary paralysis (Guillain Barre Syndrome)?	Yes	NO

I have received a copy of the vaccine information sheet about influenza disease and 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 vaccine and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request.

THE BROWN COUNTY HEALTH DEPARTMENT RESERVES THE RIGHT TO BILL THE PATIENT SHOULD ANY THIRD PARTY DENY PAYMENT FOR THIS SERVICE.

I have received a copy of the Health Department's (HIPPA) Privacy Act.

X_____ Date:_____

Signature of person to receive vaccine or person authorized to make request (parent or guardian)

For Medicare Part B 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 the assignment. WE CANNOT BILL FOR MEDICARE HMO

Medicare number: _____

For Medicaid recipients: We accept Medicaid through CARESOURCE, AMERIGROUP, and MOLINA managed care groups. If your managed care group is different, we are unable to provide this service to you.

Medicaid number: _____

Is your Medicaid with (Circle One) MOLINA AMERIGROUP CARE SOURCE