

**VACCINE ADMINISTRATION RECORD
FOR ADULTS RECEIVING SEASONAL INFLUENZA VACCINATIONS**

I have been given a copy and read or have had explained to me the information in the Influenza Vaccine Information Statement (VIS 8/7/2015). I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request that the vaccination be given to me or the person named below for whom I am authorized to make this request.

I also understand that the information collected on this form will be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure continuation of health care services. Information collected on this form is voluntary.

Patient's Name (Last, First, Middle Initial)		Date of Birth	* <u>Age</u> *	<input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name:		Other last names you've had:		
Telephone Number		County		
Address		City	State	Zip
Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race (check one) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other		
Primary Medical Provider:				
Please Check Appropriate Box				
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicare HMO <input type="checkbox"/> BadgerCare+ <input type="checkbox"/> Self Pay <input type="checkbox"/> UWRF Student <input type="checkbox"/> Other				
Medicare Number- Medicare HMO Number - BadgerCare+ Number - Insurance Id Number -		Address of Insurance Company: Group Id #:		
Signature of person to receive vaccine or authorized person:			Date:	

-----**For Office Use Only**-----

Bill: _____ **Cash/Check:** _____

Walk-in Home Care Client Intake Spring Valley School/Ambulance Elmwood School/Community
 Ellsworth Public Health Office Comforts of Home Pierce Pepin UWRF Plum City Public/School
 Prescott Schools/Public Ellsworth Schools River Falls Schools Preferred Senior Living Pierce County Highway Dept

Date Vaccine Administered: (please circle one or fill in date)

10/3/2017 10/04/2017 10/11/2017 10/12/2017 10/13/2017 10/16/2017 10/17/2018
 10/18/2017 10/19/2017 10/25/2017 10/27/2017 11/02/2017 Other: ___/___/2017

Vaccine Manufacturer: Sanofi Pasteur

Lot Number: **Trivalent High Dose:** UI830AB Other: _____

Quadrivalent: UT5911JA UT5954KA Other: _____

Site of injections: (please circle one) RD LD

Signature of Vaccine Administrator: _____