

LOGAN COUNTY INFLUENZA VACCINE ADMINISTRATION RECORD

PATIENT INFORMATION			
Name _____	Date of Birth _____	Age _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Phone Number _____	Gender: Male	Female	Household Size _____

INSURANCE INFORMATION
I would like Logan County Health Department to bill:
<input type="checkbox"/> My Employer _____ has contracted with Logan County Health Department
<input type="checkbox"/> My insurance _____ (Must provide current copy of card)
<input type="checkbox"/> I do not have health insurance coverage.
<input type="checkbox"/> I am paying by cash or check# _____ (Please circle one)

HEALTH SCREENING	(Circle One)
Is the person to be vaccinated sick today?	Yes or No
Does the person to be vaccinated have an allergy to an ingredient of the vaccine?	Yes or No
Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	Yes or No
Has the person to be vaccinated ever had Guillain-Barre Syndrome (GBS)?	Yes or No
Has the person to be vaccinated ever felt dizzy or faint before, during, or after a shot?	Yes or No
Is the person to be vaccinated anxious about getting a shot today?	Yes or No

I have been offered a copy of the “Vaccine Information Statement” and ask that the Influenza Vaccine be given to me or to the person named for whom I am authorized to make this request. The Logan County Health Department may release my medical information to my insurance provider, as necessary to receive payment. I understand any amount not covered by insurance is my responsibility. LCHD participates in electronic health information for billing and immunization registry purposes. For a notice of privacy practices patients may request a copy from LCHD.

Recipient/Parent/Guardian Signature _____ **Date** _____

*****CLINICAL USE ONLY*****

Vaccine: Influenza Dx: Z23		2023/24 Influenza Season
CPT: 90686 90662 90682	Inj. Site: L R Delt / Vas Lat	
VIS: 8/21/2021		
Administered by:	<input type="checkbox"/> Cash or Check # _____ <input type="checkbox"/> Insurance card copied <input type="checkbox"/> Contract Pay	Date: