

# 2015-2016 Influenza and/or Pneumococcal Vaccine Patient Form

## Wayne County Health Dept.

217 Kenova Avenue  
Wayne, WV 25570  
(304)272-6761

**Personal Information (Please Print Clearly):**      Date \_\_\_\_\_

**Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Medicare Recipient #** \_\_\_\_\_ **Railroad #** \_\_\_\_\_ **Humana#** \_\_\_\_\_

Have you ever had : The Following

Serious reaction to the vaccine?      Yes       No     

Serious allergic reaction to eggs?      Yes          No     

Guillain-Barre syndrome?      Yes          No     

Your flu shot already this season?      Yes          No     

I have been given a copy and have read or have had explained to me the information sheet about Influenza Virus Vaccine 2015-2016 dated 8/7/15 or Live, Intranasal Influenza Vaccine dated 8/7/15 and/or Pneumococcal Vaccine Dated 04/24/2015. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that this be given to me or to the person named below 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 Wayne County 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:   R   or   L   Deltoid

**Flu mist administered:**

Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_ Exp : \_\_\_\_\_

**Pneumococcal vaccine administered.**

Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_ Exp. \_\_\_\_\_  
Location:   R   or   L   Deltoid

Administered By: \_\_\_\_\_

