

## VACCINE ADMINISTRATION RECORD

The doctor or clinic will keep this record in your medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

The following information is required for the billing of the cost and administration of the influenza vaccine. It also acknowledges that the person has read or has had explained to him/her the information about influenza vaccine.

Name: Last	First	MI	Birthdate	Age
Address: Street			Phone Number	
City		State	Zip	
<p>For Medicare and Medicaid 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 the party who accepts assignment and acknowledge receipt of the Notice of Privacy Policy.</p> <p>Insurance Plan _____</p> <p>Member ID # _____</p> <p>Signature of person to receive vaccine or person authorized to make the request:</p> <p><b>X</b> <span style="float: right;">Date: _____</span></p>				

### FOR CLINIC/OFFICE USE

Clinic/Office: Marietta/Belpre Health Department, 304 Putnam Street, Marietta, OH 45750

Clinic/Office Medicare Pin: MAFV91401

	<b>Influenza</b>		
Date Vaccine Administered:			
Vaccine Manufacturer:			
Vaccine Lot Number:			
Site of Injection:	(IM)		
Date on VIS Given to Pt:	8/15/19		
Signature of Vaccine Administrator:			