

Shawano-Menominee Counties Health Department Vaccine Administration Record

Information collected on this form will be used to document authorization for receipt of vaccine(s). Information may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and the Social Security Number will be used by parent or guardian to access the Wisconsin Immunization Registry.

Patient's Name: (Last, First, Middle Initial)

Address:

City: _____ **State:** _____ **Zip Code:** _____ **Date of Birth:** _____ **Age:** _____ Male Female

Primary Phone Number: _____ **Social Security Number:** _____

Race: (Check one) African American Asian Caucasian (White) Native American Other: _____ **Ethnicity:** (Check one) Hispanic Non-Hispanic

Eligibility Status: (Check all that apply) Native American No Health Insurance BadgerCare Insured, Vaccines Covered Insured, Vaccines Not Covered

Name of Parent or Guardian Responsible for Patient (If under 18 years old):

Is it okay to share your immunization data with Wisconsin Immunization Registry (WIR)? Yes No

The following questions will help us determine which vaccines you or your child may be given today. If you answer "yes" to any question, it does not necessarily mean you or your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask the nurse to explain it.

	Yes	No	Don't Know
1. Is the person receiving immunizations sick today?			
2. Does the person have allergies to medications, food, or any vaccine? _____			
3. Has the person had a severe allergic reaction to latex?			
4. Has the person had a serious reaction to a vaccine in the past?			
5. Has the person had a seizure, brain, or nerve problem?			
6. Does the person have cancer, leukemia, AIDS, or any other immune system problem?			
7. Has the person ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness within 6 (six) weeks after receiving influenza vaccine) in the past?			
8. Has the person taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments in the past 3 months?			
9. Has the person received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin the past year?			
10. Is the person pregnant or is there a chance she could become pregnant during the next three months?			
11. Has the person received vaccinations in the past 4 weeks? _____			
12. Has the person had a health problem with lung, heart, kidney or metabolic disease (e.g. diabetes), asthma, or a blood disorder? Is the person on long-term aspirin therapy?			
13. If your child is a baby, have you ever been told that he or she has had intussusception?			

I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request. I acknowledge I have been made aware that the Notice of Privacy Practices Regarding Health Information is available at the Shawano County Health Department's website and onsite.

I give permission to bill Medicare or Medicaid (when applicable) for the cost of the vaccination. I understand I am responsible for full payment if for any reason my claim is denied. Wisconsin Medicaid restricts billing recipients for any covered service(s). I understand that if I am a Medicaid/BadgerCare recipient I cannot be charged an administration fee or asked for any type of donation for the administration of any vaccine that is being provided.

Signature: (Person to receive vaccine or person authorized to sign on the patient's behalf)

Date Signed:

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FOR OFFICE USE ONLY

Vaccine:	CPT:	Route:	Site Admin:	Dose Number:	Lot #:	CDC VIS Date: Vaccine Manufacturer:
DTaP – Infanrix	90700	IM	RV LV RD LD	1 2 3 4 5		08/24/2018 GlaxoSmithKline
DTaP-Hib-Polio-Pentacel	90698	IM	RV LV RD LD	1 2 3 4		DTaP – 08/24/2018 Hib – 04/02/2015 Polio – 07/20/2016 Sanofi Pasteur
DTaP-Hep B-Polio - Pediatrix	90723	IM	RV LV RD LD	1 2 3 4		DTaP – 08/24/2018 Hep B - 10/12/2018 Polio - 07/20/2016 Multi – 11/05/2015 GlaxoSmithKline
DTaP-Polio- Kinrix	90696	IM	RV LV RD LD	1		DTaP – 08/24/2018 Polio – 07/20/2016 GlaxoSmithKline
HPV – Gardasil 9	90649	IM	RV LV RD LD	1 2 3		12/02/2016 Merck & Co
Hep A – Havrix	90633	IM	RV LV RD LD	1 2		07/20/2016 GlaxoSmithKline
Hep B – Energix	90744	IM	RV LV RD LD	1 2 3		10/12/2018 GlaxoSmithKline
Hib – ActHib	90648	IM	RV LV RD LD	1 2 3 4		04/02/2015 Sanofi Pasteur
MMR – MMRII	90707	SQ	RL LL RD LD	1 2		02/12/2018 Merck & Co
Meningococcal- MenACWY– Menveo	90734	IM	RV LV RD LD	1 2		08/24/2018 Novartis Pharmaceutical
Meningococcal- MenB - Bexsero	90620	IM	RV LV RD LD	1 2		08/09/2016 GlaxoSmithKline
Pneumococcal Conjugate - PCV13	90670	IM	RV LV RD LD	1 2 3 4 5		11/05/2015 Wyeth Lederle
Polio – IPOL	90713	IM	RV LV RD LD	1 2 3 4		07/20/2016 Sanofi Pasteur
Rotavirus – Rotateq	90680	PO		1 2 3		02/23/2018 Merck & Co
Tdap – Boostrix	90715	IM	RV LV RD LD	1		02/24/2015 GlaxoSmithKline
Td	90714	IM	RV LV RD LD	1 2 3		04/11/2017 Mass Bio Lab
Varicella – Varivax	90716	SQ	RV LV RD LD	1 2		02/12/2018 Merck & Co
FluLaval Quad P-Free (MASS FLU)		IM	RV LV RD LD	1 2	95RZ3	08/15/2019 GlaxoSmithKline
FluLaval Quad - Influenza		IM	RV LV RD LD	1 2	5YE59	08/15/2019 GlaxoSmithKline

Signature & Title:
(Person Administering Vaccine)

DATE:

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Notes:

Circle & Record

Refusals in WIR: DTaP HPV Hep A Hep B Vari MMR MCV4 MenB PCV13 Polio Rota Tdap Hib Flu

MEDICARE (PART B) FORWARD HEALTH BADGERCARE NO INSURANCE

ID #: _____

DATE CLAIM SENT: ___/___/___ @ _____ AMOUNT: _____ INITIALS: _____

CASH / CHECK RECEIPT #: _____ ENTERED IN WIR SCANNED

ELIGIBILITY STATUS:
(CHECK ALL THAT APPLY)

NATIVE AMERICAN
 BADGERCARE

ALASKAN NATIVE
 INSURED, VACCINES COVERED

NO HEALTH INSURANCE
 INSURED, VACCINES NOT COVERED