Kingman County Health Department
125 N. Spruce
Kingman, Kansas 67068
620-532-2221

VACCINE DOCUMENTATION/CONSENT FORM

I acknowledge that Kingman County Health Department has made available to me their Notice of Privacy Practices. I have been offered or provided, whether accepted or not, a copy of the "Vaccine Information Statement" sheet for influenza vaccine. My questions have been answered satisfactorily, and I ask that influenza vaccine be given to me or to the person named below, for whom I am authorized to make this request.

_____ _____
Signature of Patient or Parent/Guardian **Date**

Patient Information

_____ _____ _____ _____ _____
Patient's Last Name **Patient's First Name** **Phone Number** **Birth Date** **Age**

_____ _____ _____ _____ _____
Street Address **City** **County** **State** **Zip**

Ethnicity: Hispanic or Latino Yes_____ No_____
Gender: Male_____ Female_____

Race Caucasian (White)_____ African American_____ Mexican or Puerto Rican_____

Asian_____ Native American_____ Other_____

Immunization Screening Questionnaire

1.	**Is the person to be vaccinated currently sick or have a high fever:**	**_____Yes_____No**
2.	**Has the person to be vaccinated had a serious reaction to vaccine in the past:**	**_____Yes_____No**
3.	**Does the person to be vaccinated have any allergies that produce a severe reaction?**	**_____Yes_____No**
4.	**Has the person to be vaccinated had a seizure or other neurological problem?**	**_____Yes_____No**
5.	**Does this person currently take steroids or recently completed a course of steroids?**	**_____Yes_____No**
6.	**Has this person received blood, plasma, or immune globulin within the past year?**	**_____Yes_____No**

Below this line, for staff use only.

	Dose		Extremity		Site		Route	VIS Date	Manuf.	Lot #	Exp. Date
Influenza	**1**	**2**	**Rt**	**Lt**	**Deltoid**	**Vastus Lat.**	**IM**	**2010**	**PMC**		place sticker here
High Dose Influenza	**1**	**2**	**Rt**	**Lt**	**Deltoid**	**Vastus Lat.**	**IM**	**2010**	**PMC**		place sticker here

_____ __10/15/2010____
Signature and Title of Vaccine Administrator **Date**

Rev 10/01/10