

Gove County Health Department
521 Garfield St., PO Box 55
Phone 785-754-2147 Quinter, Kansas 67752

VACCINE PERMIT INFLUENZA

I have been offered or provided, whether accepted or not, a copy of the Vaccine Information Statement(s) checked below. I have read, or have had explained to me information about Influenza vaccines. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the Influenza vaccines and ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. (If applicable, I authorize Gove County Health Department to bill Medicaid/KanCare or my Insurance for the Flu Vaccination.)

Influenza Peds.

Influenza

Information about person to receive vaccine.

Name _____ Birthdate _____ Age _____ Male Female

Address _____ City _____ State _____ Zip _____

Phone Number _____

Doctor _____ Medicare Part B or
Medicaid/Healthwave # _____
or Insurance # _____

Are you allergic to eggs? YES NO

Do You have a history of Guillain-Barre Syndrome? YES NO

X _____ Date _____

Signature of person to receive vaccine
or person authorized to make the request(guardian)

For Clinic/Office Use

Date Vaccine Administered _____ Place Vaccine Administered _____

Vaccine	Site of Injection	Manufacturer	Lot Number	VIS Number	Exp. Date
Influenza	<input type="checkbox"/> Right <input type="checkbox"/> Left deltoid/leg	_____	_____	08/07/2015	_____

Signature of Vaccine Administrator _____