



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Sussex County Health Unit
544 S. Bedford St.
Georgetown, DE 19947

Seaford Public Health
350 Virginia Ave
Seaford, DE 19973

Milford Health Unit
253 NE Front St
Milford, DE 19963

Kent County Health Unit
805 River Rd.
Dover, DE 19901

Chopin Office
258 Chapman Rd.
Newark, DE 19702

Influenza Vaccination Administration Record

Form with fields for Patient's last name, First, Middle, Gender, Street address, Phone, City, State, ZIP Code, Date of Birth, Age, Hispanic Ethnicity, Race, Insurance, and MCO information.

Table with 4 columns: Medical Screening, No, Yes, Clinician's Note. Rows include screening questions about pregnancy, illness, allergic reactions, and Guillain-Barré syndrome.

My signature (below) means that I have been given a copy of the appropriate Vaccine Information Statement (VIS) and have read, or have had explained to me, information about the disease and the vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the risks and benefits as set forth in the VIS I was given and I ask that the vaccine be given. Also, by signing below I hereby give my consent for DPH to bill my insurance based on eligibility for the vaccine received.

Signature _____ Date _____

Signer's Name _____ Print Clearly Patient Parent Guardian

Do not write below this line. For Clinician use only.

NHS ___ SHS ___ Clinic Location: _____

Table with 5 columns: Presentation/Route, Dose, Site, VIS Date, VIS Given Date. Row 1: IIV4/ IM, 0.25ml, 0.5ml, RA, RT, LA, LT, 8/07/2015.

Vaccination Date: _____ MM/DD/YYYY Manufacturer: Sanofi, GSK Lot # _____ circle one

Clinician's Signature: _____ License Title _____

- Checkboxes for VFC status, insurance type, and enrollment in Delaware Healthy Children's Program (DHCP*).