

# SAN JUAN COUNTY PUBLIC HEALTH INFLUENZA CLINIC 2017-18 VACCINE ADMINISTRATION RECORD

Needs 2<sup>nd</sup> shot?  
Y / N

## 1) Information about person receiving vaccine (Please print)

Last Name	First Name	MI	Birthdate MDDYYYY	Male or Female	Age
Mailing Address	City	State	Zip Code	Phone Number	

## 2) Payment Information: We will bill Medicaid, Medicare and Kaiser Permanente (if we administer 5 Kaiser Permanente vaccines during the clinic). If paying by check or cash enter amount owed/Paid (child 6 months-18 years \$23) and/or (Adult \$45); otherwise provide insurance number.

Cash/Check	Medicaid	Medicare	Kaiser Permanente
\$	#	#	#

For children under 19 years	Medicaid	Private	Underinsured	No Insurance	Alaska native	American Indian
Type of Insurance	Y N	Y N	Y N	Y N	Y N	Y N

## 3) Please answer the questions below for the person receiving the vaccine, sign, print name and date.

a. Are you allergic to eggs?	YES _____	NO _____
b. Are you ill with a temperature of 100 or higher?	YES _____	NO _____
c. Have you ever had a reaction to a flu shot?	YES _____	NO _____
d. Are you pregnant?	YES _____	NO _____
e. Have you had Guillain-Barre Syndrome after receiving a flu shot?	YES _____	NO _____

I have received and read or had explained to me the information in the Vaccine Information Sheet (VIS) for Influenza vaccine. I have had the chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Influenza vaccine and request that the Influenza vaccine be given to me or to the person named below for whom I am authorized to make this request. I understand the immunization information will be stored electronically in the Washington State Immunization and Information System (WSIIS), and this information will be used by health care providers and school staff to help them provide health care. I have reviewed and answered the Pre-Immunization Questions on this form. **I am recommended to remain sitting in the clinic for 20 minutes after receiving any immunization.** I have been given the opportunity to read the San Juan County (SJC) "Notice of Privacy Practices". I understand I can request access to my personal health information located in electronic form, and how that information may be used or disclosed. I authorize SJC or insurance company to release information regarding my medical visit notes to my health care provider and my insurance company. I am financially responsible for any balance due. SJC does not discriminate.

Signature	(Print) First & Last Name	Relationship	Date

**Signature and Name of person receiving vaccine (or person authorized to make request – PARENT OR GUARDIAN)**

San Juan County Health & Community Services  
P.O. Box 607 – Friday Harbor – WA 98250  
Phone: (360)378-4474 Fax: (360)378-7036

Frank James, M.D., NPI# 173024855

## Seasonal Influenza Vaccine Information

Facility	Imm Date	Imm Type	Lot number	Site	Route	Administered By

01 - San Juan County Health & CS, P O Box 607, 145 Rhone St, Friday Harbor, WA 98250			
02 - Orcas Public Health Clinic, 62 Henry St., Eastsound, WA 98245			
03 - Lopez Public Health Clinic, 2228 Fisherman Bay Road, Lopez, WA 98260			
Date this record was entered into the WA Registry			
Initials of person who recorded the data			

### 2017-18 Influenza Vaccine Payment matrix

<b>Immunization Type</b>	<b>Child (VFC)</b>	<b>Vaccine CPT</b>
PF 6-35	PF Fluzone (6mo - 35mo)	90685
MDV-VFC	Fluzone (3yr - 18yrs)	90688

	<b>Adult</b>	
PF-A	PF Fluzone 18yrs and over	90686
I.D.	PF Fluzone Intradermal (18yrs - 64yrs)	90630
MDV-A	Fluzone (18yrs and over)	90688
H.D.	Fluzone High Dose (65yrs & older)	90662