

Coles County Health Department

Pneumococcal Vaccine Administration Record

I have read or had explained to me the information about pneumococcal and pneumococcal vaccine. I have had a chance to have questions answered to my satisfaction, and request the vaccine be administered to me or the person named below for whom I am legally authorized to make this request. I understand the health department is already authorized to use the information gained during treatment to request payment upon day of service or bill Medicaid or Medicare Part B **only** for reimbursement for services. I also acknowledge that I have had an opportunity to receive a copy of the "Joint Notice of Privacy Practices" dated 4/14/2003 as well as the most current Vaccine Information Statement (VIS) from the health department.

PLEASE PRINT

Last Name:	First Name:	Middle Initial:		
Street Address:		City:		
State:	Zip Code:	Phone #:	Birthdate:	Age:

Do any of the following apply to person being vaccinated? Please check all that apply.

- I am feeling well.
- Pregnant?
- Have you ever received a dose of pneumococcal vaccine before?
- Severe allergic reaction to vaccine component or following prior dose of vaccine
- Diabetes?

Signature:	Date:
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For Clinic Use Only

Date: _____ **Clinic Location:** _____

Vaccine Manufacturer: Merck **Lot #:** _____ **VIS 10/6/09**

Site: _____ **RN/LPN/Student Nurse:** _____

- Deltoid R or L

- Paid w/ Cash/Check #** _____
- Bill *only* Medicare Part B# (NO supplemental insurance)** _____
- Paid w/Visa / MC / Discover**
- Bill Medicaid (Public aid)#** _____
- Bill Railroad (Palmetto)#** _____