

Student 2013-2014 Vaccine Administration Record/Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive vaccine (please print): *Required Fields

| | | | |
|--------------------------|-------------------------------|-------|----------------|
| Name: (Last, First, MI)* | Date of birth: * | Age* | Sex: (Circle)* |
| | _____ Month Day Year | | Male Female |
| Street Address:* | | | |
| City:* | State: * | Zip:* | Phone:* |
| | | | () |

Insurance Information: Include the whole member ID number and any letters that are part of that number

| | | |
|-----------------------------|--------------------|---------------------------------|
| Name of Insurance Company:* | Member ID Number:* | Group ID Number: (if available) |
|-----------------------------|--------------------|---------------------------------|

If person getting vaccinated is not the subscriber, please complete the following: (Usually parent/guardian)

| | | |
|---|-------------------------------|----------------|
| Subscriber's Name: (Last, First, MI)* | Subscriber's Date of Birth: * | Sex: (Circle)* |
| | _____ Month Day Year | Male Female |
| Subscriber's Street Address: * (If different from address above) | | |
| City:* | State:* | Zip: * |
| | | () |
| Patient Relationship to Subscriber: (Circle)* Spouse Child Other | | |

For children 18 years of age and younger:

Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)

Does not have health insurance

Is American Indian (Native American) or Alaska Native

Has health insurance and is not American Indian (Native American) or Alaska Native

I give permission for my insurance company to be billed.

X _____ Date: _____
 (Signature of patient, parent or legal guardian)

For Clinic/Office Use Only: Signature of Vaccine Administrator: _____

| Date of Service | Vax Type | Vax Mfgr | Lot No | Exp Date | Dose (mL) | State Supplied | | Preserv Free | | Injection Route (Circle) | Injection Site (Circle) | | Date on VIS | Date VIS given |
|-----------------|----------|-----------|--------|----------|-----------|----------------|----|--------------|----|--|---|-------|-------------|----------------|
| | | | | | | Yes | No | Yes | No | | R Arm | L Arm | | |
| | IIV3 | | | | 0.5 | Yes | No | Yes | No | IM | R Arm | L Arm | 7/26/13 | 9/13/13 |
| | IIV4 | | | | 0.5 | Yes | No | Yes | No | IM | R Arm | L Arm | | |
| | LAIV4 | MedImmune | | | 0.2 | Yes | No | Yes | | Intranasal | NA | | | |