



### Vaccine Administration Slip for Ages 18 and Older

**PLEASE PRINT**

<b>Last Name</b>		<b>First Name</b>	
<b>Insurance Contract Number</b>		<b>Date of Birth</b>	<b>Age</b>
<b>Street Address</b>		<b>Phone Number : (____) _____</b>	
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>

I give permission for the Health Department to give the indicated vaccine. I authorize payment for the vaccine provided. I have received notice of my privacy rights and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices."

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

<b>Date Vaccine and VIS Given</b>	<b>Type and Date of VIS</b>	<b>Clinic Site</b>	
<b>Vaccine Given</b>	<b>Manufacturer and Lot Number</b>	<b>Site of Injection</b>	<b>Route</b>
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<b>Signature of Nurse</b> *			

ADPH-IMM-66 / Rev. 06-03 (WWD 8-08)

feel well – work well