

**Alabama Department of Public Health
Vaccine Administration Form**

THIS FORM MUST BE FILLED IN COMPLETELY BEFORE WE CAN GIVE YOU A FLU SHOT

PLEASE PRINT

Last Name		First Name		MI
Group #	Contract #	Date of Birth		Age
Street Address				
City		County	State	Zip Code

I give permission for my child or myself to receive the vaccine indicated. 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

Date of Vaccine and VIS Given		Type and Date of VIS		Clinic Site	
Vaccine Given Influenza		Manufacturer and Lot Number		Site of Injection LA RA LT RT	
				Route IM SQ	
Signature of Nurse					
Income Assessment: Medicaid Y___ N___ American Indian/Alaskan Native Y___ N___ Insurance Y___ N___ Family Size_____					
Annual Income \$_____ Payment Bracket_____ Fee Paid_____ Fee Waived_____ Initials of Assessor_____					