2008-2009 INFLUENZA (Drive Thru Clinic, 5th St. Hill)
Cabell-Huntington Health Dept./Wayne County Health Dept.

703 7th Avenue
Huntington, WV 25701
(304)523-6483

590 Railroad Avenue
Wayne, WV 25570
(304)272-6761

Personal Information (Please Print Clearly): Date December 9, 2008

Name:_____

Birth Date:_____ **Age:**_____ **Sex:**_____ **Telephone:**_____

Address:_____

Medicare Recipient #_____ **□Railroad Retirement □Advantra □None**

Have you ever had :	Yes	or	No
Serious reaction to the vaccine?	□		□
Serious allergic reaction to eggs?	□		□
Guillain-Barre syndrome?	□		□
Your flu shot already this season?	□		□

I have been given a copy and have read or have had explained to me the information sheet about Influenza Virus Vaccine 2008-2009 dated 7/24/08. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that this be given to me or to the person named below for whom I am authorized to make this request. I acknowledge that I have been offered a copy of the *Notice of Privacy Practices* for the Cabell-Huntington Health Department/Wayne County Health Department. This notice explains how my protected health information is used and/or disclosed for the purposes of treatment, payment, and health care operations. *For Medicare Recipients: I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.*

Signature:_____

Area Below is for Staff Use Only:

Risk Assessment:
□65 years of age or older.
□50-64 years of age.
□Resident of nursing home or chronic care facility.
□Chronic heart or lung disease, diabetes, kidney disease, anemia, or other blood disorders(not including high blood pressure).
□Compromised immunity.
□Children (6months-18years) on aspirin long-term.
□Pregnant or will be during the Flu Season.
□Healthy Children (6months-18 years).
□Household Contacts or Caretakers of anyone in the above groups or of a child less than 6 months old.
□Health Care Providers who provide direct care.
□ Last Pneumonia shot date_____

□No Contraindications were identified

□Influenza vaccine administered.
Manufacturer Novartis Lot # 89976 Exp. Jun 30,2009
Location R or L Deltoid

Adm. by Signature_____