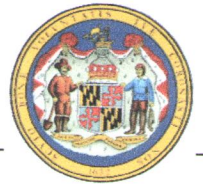




KENT COUNTY HEALTH DEPARTMENT



LELAND D. SPENCER, M.D., M.P.H., HEALTH OFFICER
125 S. Lynchburg Street, Chestertown, Maryland 21620 Phone: (410) 778-1350

COUNTY OF KENT

STATE OF MARYLAND

Please **Print** information about client

Last Name, _____ First Name _____ MI _____ Age _____ D.O.B. ____/____/____
Month Day Year

Street Address _____

City _____ State _____ Zip _____ Phone: _____

Race: Caucasian African American Hispanic Other: _____

Sex: Male Female

Payment Options:

- Cash- amount** _____ **Credit Card - #** _____
- Medicare #** _____ **Check - #** _____
- Medical Assistance #** _____
- Medicare A & B Yes - No _____ **Insurance Name: Amerigrp-PP-MPC-UHC-RIVERSIDE**

I acknowledge that I have received today or have received in the past, a copy of the notice of Privacy Practices with an effective date of April 14, 2003. I have read or have had explained to me the information in the vaccine information statement.

Client Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

VIS Date	8/07/2015	8/07/2015	8/07/2015	8/07/2015
Vaccine	Fluzone	Fluzone	High Dose Influenza	High Dose Influenza
Date				
Vaccine Lot & Expiration	UI678AA EXP: 6/30/2017 Sanofi Pasteur	UI673AA EXP: 6/30/2017 Sanofi Pasteur	UI698AB EXP: 5/10/2017 Sanofi Pasteur	EXP: Sanofi Pasteur
Site of Injection	IM Deltoid 0.5cc LT RT	IM Deltoid 0.5cc LT RT	IM Deltoid 0.5cc LT RT	IM Deltoid 0.5cc LT RT
Signature of vaccinator				