



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

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

Street Address

_____ **City State Zip** Phone: _____

Race: Caucasian African American Hispanic Other: _____

Sex: Male Female

Payment Options:

Credit Card - # _____

Cash- amount _____

Check - # _____

Medicare # _____

Medical Assistance # _____

Medicare A & B Yes - No

Insurance Name: Amerigrp-PP-MPC-UHC-UMHP

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 Quad	High Dose Influenza	High Dose Influenza
Date				
Vaccine Lot & Expiration	UI826AD EXP: 6/30/2018 Sanofi Pasteur	UI829AA EXP: 6/30/2018 Sanofi Pasteur	UI811AB EXP: 3/02/2018 Sanofi Pasteur	UI845AB EXP: 4/13/18 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				