KENT COUNTY

KENT COUNTY
HEALTH DEPARTMENT

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

STATE OF MARYLAND

*** Have your Insurance Card out and ready to be scanned***

Please **Print** information about client

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

_____
Street Address

_____ _____ _____ **Phone:**_____
City **State** **Zip**

Race: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Other:_____

Sex: ☐ Male ☐ Female

School: Galena ____ Garnett ___ KCMS ___ KCHS ____ Rock Hall ____ Other - Name _____

Payment Options:

☐ **Cash- amount** $_____ ☐ **No Charge** -- **VFC Age 18 or younger** _____

☐ **Medicare #** _____ ☐ **Medical Assistance #** _____
Medicare A & B Yes No **Insurance Name: Amerigroup-MPC-PP-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 July 1, 2017. I have read or have had explained to me the information in the vaccine information statement.

Client Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

This section is for staff only

VIS Date	08/15/2019	8/15/2019	8/15/2019	08/15/2019
VIS Date Given				

Vaccine	Fluzone	Flublok	High Dose Fluzone	Fluarix (Quad)
Date				
Vaccine Lot & Expiration				
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				